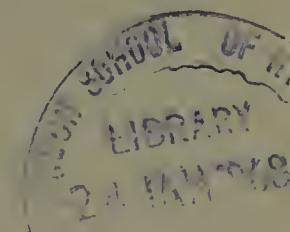


10. PARKS ROAD,
OXFORD

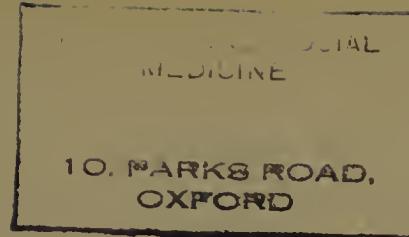
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City and County Borough of



Canterbury
1949



ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER Including the Report of the SENIOR SANITARY INSPECTOR and the Report of the Medical Director of the Child Guidance Clinic for the year 1949



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SENIOR SANITARY INSPECTOR
and the Report of the
Medical Director of the Child Guidance Clinic
for the year
1949

MALCOLM S. HARVEY, M.B., CH.B., D.P.H.

CITY OF CANTERBURY—1949

Mayor:

COUNCILLOR S. H. JENNINGS.

Chairman—Health Committee:

COUNCILLOR W. H. CHESSELL.

Chairman—Education Committee:

ALDERMAN F. HOOKER.

Chairman—Sanitary and Licensing Committee:

ALDERMAN A. BAYNTON, O.B.E.

Town Clerk and Welfare Officer:

J. BOYLE, LL.B.

Director of Education:

N. POLMEAR, M.A.

Medical Officer of Health and School Medical Officer:

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Medical Director, Child Guidance Clinic:

E. WHATLEY, B.Sc., M.B., M.R.C.S., L.R.C.P.

Senior Sanitary Inspector:

T. L. MARTIN, A.R.S.I., M.S.I.A.

(Details of Committee Membership and other Staff are shown at the end of the Report.)

POOR PRIESTS' HOSPITAL,
CANTERBURY.
1950.

To the Mayor, Aldermen and
Councillors of the City of Canterbury.

I have the honour to present my Annual Report for 1949 on matters concerning Public Health and on the Local Health Services. Brought within its covers are the Report of the Senior Sanitary Inspector, and the Report of the Medical Director of the Child Guidance Clinic. Each Report is headed by a covering letter which emphasises or comments on matters within the section. A slight modification has been made in the introductory pages which allows the substance to come more quickly to the eye, and the information on Committee Membership and staff will be found as an appendix on the last few pages.

The Report includes a note on the history of the Poor Priests' Hospital, in which the Health Department is housed, to be found on the last page.

When you refer to the substance of the Report you will notice a fall in the Birth Rate and an increase in the number of deaths, including infant deaths under 1 year of age.

Reference to statistics and tabulations given will show that there is still delay in the admission of newly diagnosed cases of tuberculosis for in-patient treatment. A table is given showing how certain Notifiable Infectious Diseases have varied in their incidence since 1920, and this table emphasises how cases of diphtheria have declined in number, except for a short post-war rise.

While some of our elders may recall with pride how they once ran the streets in bare feet, they would be amongst the strongest outcriers against parents who nowadays allow their children to be poorly shod and neglect to give them the benefits from the development in footwear during the century. Are we not entitled to cry similar condemnation on parents who neglect to give their children the protection against diphtheria which has developed since the parent's childhood days?

Just as a child should be well shod against damp, so should a child be well armed against Diphtheria, that great killer of children of less than a generation ago. Diphtheria but awaits neglect of immunisation to attack the child population again. (Page 17).

A Local Health Service whose development in the new order has been watched with interest mixed with anxiety is the Domiciliary Midwifery Service. The Ante-Natal Clinic service has also been involved in such change (pages 10 and 14). The introduction of the General practitioner Obstetric Service has reduced the number of cases in which the Midwife works alone, but the impression has been gained that good working partnership is developing between the Obstetric Practitioner and the Midwife which is beneficial to domiciliary mid-

wifery. At the same time the Government Department takes the attitude that the customer is always right in advising Regional Hospital Boards to make beds available for hospital delivery up to, it is reported, 75 per cent. of the birthrate, as the demand is expected to rise to this. The decline in available private nursing home beds may be connected with this (page 9), but at the same time, if having a baby at home is being made safer and easier through the development of the Midwife-doctor partnership, backed by an adequate home help service, is there any reason to encourage the custom of hospital delivery other than for cases complicated by pathological, emotional, or social conditions? As we strive to provide better houses for people to live in, should not the swing of custom be back towards having the baby at home? There are points in favour of this expressed in this letter.

Ante-Natal supervision has been given a financial interpretation in National Health Service Regulations which allows as adequate two medical examinations before delivery. Such a standard ignores much that is important in Ante-Natal supervision, for Ante-Natal care goes far beyond a physical check-over at intervals throughout the Ante-Natal period. There is the development or correction of the mother's attitude to the childbirth and the prevention of anxiety through false-notions. An informed anticipation of the coming fulfilment is the best antidote to a neighbour's gory stories of what she would like you to think she went through. There are expectant mothers in whom the right attitude develops spontaneously; there are those who need help to develop it, depending to a certain extent on what help has been received as a child maturing through adolescence (page 9).

For the mother expecting her first child, health education in the Ante-Natal period has a special value. How to breast feed, the basics of infant care, the practice of relaxation, an introduction to analgesia, besides the usual instruction in diet and hygiene of pregnancy, are all subjects for advice and education to produce the right mental environment in pregnancy. This need can be well served in the local authority Ante-Natal Clinic, which is without the distracting demands on time which assail the family doctor, and has little of the pathological atmosphere of the hospital Ante-Natal Clinic. It would be beneficial to the expectant mother if Ante-Natal care could develop into a joint supervision by the obstetric medical practitioner and the local authority clinic. A difficulty in the way of this is that the local authority Ante-Natal Clinic grew out of a medical Ante-Natal service, provided by the local authority prior to the introduction of the obstetric practitioner service, and that the family doctor's dislike of a dual medical supervision of the case hinders this development. Already the local authority clinic is being used as a centre for the domiciliary midwife's supervision of her booked cases. I foresee that it may be wise for the local authority to reduce the medical staffing of the Ante-Natal Clinic and to concentrate on health and physical education for childbirth, so that the expectant mother may have the benefit of both the obstetric practitioners medical supervision and the Ante-Natal Clinic's health education.

The advance in knowledge of the chemistry of artificial feeding and the safety of present day artificial baby foods are partly responsible for a decline in breast feeding. But breast feeding can contribute of itself to a baby's healthy growth throughout infancy. It is also of importance in providing an environment of security for the baby which influences the infant's normal emotional development. The development of lactation begins with the attitude of the expectant mother towards the birth, and success follows through the close association of mother and child during the first fourteen days of the infant's life, so that a bond grows between mother and infant, out of which the infant draws its feeling of security and happiness. Out of this secure environment the infant ventures to express its individuality and independence in the months that follow, content in the knowledge of a safe retreat. Where the baby is born at home with the help of the doctor-midwife partnership the environment is helpful to the onset of breast feeding through the constant association between mother and baby. In hospital the dangers of cross infection impose segregation on the baby, and hospital routine enforces on the mother a rationed allowance of handling and enjoyment of her baby, and the breast feeding bond is still weak when the mother returns to the onslaught of domestic duties. "The milk just went," is heard too often in such cases. Had the baby been born at home would this have happened?

Home conditions are often the reason for admission to hospital for confinement. It would be a more satisfactory position if the house-building programme could better serve the newly married couples, instead of making it necessary for them to produce their family in poor living conditions to justify the allocation of a house. The cost of house-building to the required standards is so high that rent and rates are rising above one sixth of the tenant's income, a fraction which used to be considered the maximum proportion in family budgeting. There is a danger that too little money will be left to buy food, and that nutrition and health will suffer. One is brought therefore to consider whether the required standards for a house are too high. This is a material age and spiritual standards are in the doldrums. We have, perhaps forgotten that bricks and mortar do not make a home. Discussion groups could with advantage study the question, "What is a good home?"

Such sensible modes of introspection as discussion groups are healthy and may yet save us from our own materialism. Another healthy development in introspection is Mass Radiography, a unit of which visited Canterbury during 1949 (page 20). The practice of mass radiological surveys of groups of the population brings to light sufferers of chest diseases who might otherwise go undetected until the disease is in an advanced stage, dangerous to patients and population alike.

These paragraphs of introduction do not mention many services reported on which deserve emphasis, for instance the little publicised Occupation Centre. There is, moreover, a side to the department's work which does not feature in the report. I am pleased to report here and express my gratitude for the enthusiastic and faithful service of

all my staff, without whose willing help, professional, administrative, clerical and manual, these services would be bleak and unsuccessful. There is a band of Voluntary workers, seldom mentioned, who have helped greatly in the clinics. There are the members of Committees—for whose confidence and encouragement I express my thanks.

Your obedient servant,

MALCOLM S. HARVEY.

Social Circumstances.

No new features have made any great change in the City, and the redevelopment of a blitzed shopping area awaits the central authorities' sanctions. A new district has developed with the building of the Spring Lane Housing Scheme of approximately 140 houses to date on to a pre-war council house estate.

Estimated at March 1950, some 24 per cent. of the dwellings in the town are Council owned or requisitioned and of these 55.4 per cent. have been built since the world war.

The Manager of the Employment Exchange has kindly supplied the following figures on unemployment. The slight rise is due in part to differing arrangements in the operation of the National Insurance Act, 1946, instead of the Unemployment Insurance Acts.

Mid 1949 — Men 62 (45) Women 17 (2) 1948 figures
End of 1949— Men 137 (101) Women 113 (97) in parenthesis.

These figures cover a population twice that of the city, as the Employment Exchange area includes a wide area around Canterbury.

GENERAL AND VITAL STATISTICS FOR 1949.

General :

Area: 4,702 Acres.

Registrar-General's estimate of civilian population, mid-1949: 26,120.

No. of Inhabited Dwellings (end of financial year 31.3.1950 according to Rate Book): 7,534.

Rateable Value: £236,960.

Sum represented by penny rate: £938.

Vital :

BIRTHS :—

	Male	Female	Total
Live Births :—Legitimate	227	203	430
Illegitimate	16	12	28
Total Births	243	215	458

Stillbirths :—

5	4	9
---	---	---

DEATHS :—

All Deaths	159	171	330
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Deaths from Puerperal causes	—	—	Nil
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Deaths of Infants under one year:

(Legitimate 11; Illegitimate 2)	7	6	13
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The following rates are calculated from these figures and are compared with corresponding figures for elsewhere for 1949.

Canterbury Eng. & Wales 148 Towns
(popn. 25,000 to
50,000 1931 Census)

Live Births per 1,000			
Population	... 17.5	16.7	18.0
Stillbirths per 1,000			
Population	... 0.34	0.39	0.40
Deaths, all causes	... 12.6	11.7	11.6
Infant Mortality Rate (under 1 year per 1,000 Live Births)	28.4	32.0	30.0
NeoNatal Mortality Rate (under 1 month per 1,000 Live Births)	15.3		

The following table shows the causes of death, separated for each sex, for the years 1948 and 1949. The 1948 figures should be substituted for those shown in the 1948 report which were not in accordance with the Registrar General's Classification then in force. A tabulation showing special detail of Infant Deaths is shown on Page 9.12

TABLE 1.

No.	Causes of Death	1948		1949	
		M.	F.	M.	F.
2	Cerebro-spinal Fever	..	..	1	..
6	Tuberculosis of Respiratory System	..	..	4	4
7	Other forms of Tuberculosis	..	..	1	3
8	Syphilitic Diseases	..	..	1	..
9	Influenza	..	..	..	4
13	Cancer of buc. cav. and œsoph (m) uterus (f)	1	5	1	1
14	Cancer of Stomach and Duodenum	..	..	4	3
15	Cancer of Breast	..	..	..	4
16	Cancer of all other sites	..	..	16	13
17	Diabetes	..	..	..	..
18	Intracranial vascular lesions	..	..	14	31
19	Heart Diseases	..	..	44	53
20	Other Diseases of Circulatory System	..	..	9	12
21	Bronchitis	..	..	9	4
22	Pneumonia	..	..	6	6
23	Other Respiratory Diseases	..	..	5	3
24	Ulcer of Stomach or Duodenum	..	..	3	1
25	Diarrhoea under 2 years	..	..	..	..
26	Appendicitis	..	..	1	..
27	Other Digestive Diseases	..	..	4	4
28	Nephritis	..	..	9	8
31	Premature Birth	..	..	1	..
32	Congenital Malformation, Birth Injury, etc.	..	..	4	3
33	Suicide	..	..	2	1
34	Road Traffic Accidents	..	..	3	..
35	Other violent causes	..	..	5	2
36	All other causes	..	..	11	11
	TOTAL	..	..	142	159
				159	171

No deaths were recorded in either year from the following causes : Typhoid and Paratyphoid Fevers, Scarlet Fever, Whooping Cough, Diphtheria, Measles, Acute Poliomyelitis or Polioencephalitis, Acute Inf. Encephalitis, Puerperal or Post-abortive Sepsis or Other Maternal Causes.

Table II shows the Deaths from certain common causes grouped according to Age and Sex.

TABLE II.

Deaths from Certain Causes According to Age Group (1949)	0—15		15—45		45—65		Over 65	
	M	F.	M	F.	M	F.	M	
Intracranial vascular lesions ..	..	1	..	..	2	2	12	
Heart Diseases .. .. ..	..	..	2	1	7	6	35	
Other Diseases, of Circulatory System .. .. ..	..	..	..	..	3	2	6	
Bronchitis, Pneumonia and Other Respiratory Diseases excluding T.B.	1	3	..	..	9	1	10	

Intracranial Vascular Lesions, Heart Disease and Diseases of the Circulatory System caused 163 deaths, or 49.4 per cent. of the total. In the Males these troubles caused 42 per cent. of the deaths, in the Females 56 per cent.

Incidence and Control of Infectious Disease.

Table III shows the incidence of notifiable Infectious Diseases during 1949 and the age groups in which the cases occurred.

TABLE III.

	Total Cases Notified	Children Under 5 years	Children 5—15 yrs.	Adults
Scarlet Fever	71	29	36	6
Erysipelas	1	..	..	1
Whooping Cough	60	42	18	..
Measles	203	86	111	6
Pneumonia	12	..	..	12
Dysentery	1	..	..	1
Acute Poliomyelitis ..	3	1	1	1
Ophthalmia Neonatorum ..	1	1	..	..
Puerperal Pyrexia	5	..	..	5

There was more measles than in 1948 with an unusual number of cases in school children.

Scarlet Fever figures have been high in 1948 and 1949 as will be seen by comparison with figures for previous years given in Table IV. The disease itself has been very mild and the figures are a reflection of the prevalence of streptococcal infections in general such as streptococcal sore throat, rather than of any rise in Scarlet Fever as a potential epidemic disease. As in instance of this the Medical Officer of Health was consulted by the Medical Officer of one of the local public schools about preventive measures against the persistence of sore throats, which were streptococcal in nature, amongst the pupils.

Preventive measures against Scarlet Fever have included special attention to home contacts who have any connection with the food trades or other occupations, which might aid spread of streptococcal infections through the contact being an unsuspected carrier. The power given the Medical Officer of Health to exclude such a contact from work until cleared as free from risk has been used on several occasions.

Two of the 5 cases of puerperal pyrexia were in domiciliary practice. One was a case of Mastitis, and the other a case in which the immediate administration of penicillin with recovery masked the cause. Domiciliary Midwives were suspended from practice or limited to the case on hand as a measure of protection against spread of infection when necessary.

Table IV below gives a comparison of the incidence of certain infectious diseases during recent years. The Diphtheria figures are especially noteworthy and may be attributed to the local activity in Diphtheria Immunisation.

TABLE IV.
Comparison of Notifications with previous years.

Year	Population	Scarlet Fever	Erysipelas	Pneumonia	Diphtheria
1949	26,120	71	1	12.	..
1948	25,370	68	5	1	1
1947	24,390	18	..	6	1
1946	23,650	26	1	2	10
1945	21,630	16	1	2	6
1944	18,580	55	3	10	2
1943	18,500	65	4	27	2
1942	19,900	55	6	9	..
1941	19,710	38	6	20	2
1940	23,300	40	4	12	5
1939	26,300	25	13	16	4
1938	25,950	36	8	20	8
Ave. 1945-49	24,232	40	2	5	4
1940-44	19,998	50	5	16	2
1935-39	25,256	39	9	12	9
1930-34	24,538	28	16	24	15
1925-29	23,610	57	16	37	47
1920-24	23,709	39	8	14	20

Tuberculosis.

Table V shows the notifications of Tuberculosis during 1949 and the previous 6 years. The fall of 1948 was not maintained.

Mention is made later in the report of a visit to the City made by the Mass Radiography Unit.

One posthumus notification is included in the table.

TABLE V.

Site/Sex	Number of Notifications													
	1943		1944		1945		1946		1947		1948		1949	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Lungs	7	10	13	15	18	9	14	9	13	7	9	7	16	9
Glands	2	3	2	—	—	3	2	1	1	—	—	—	1	—
Bones, Joints, etc.	2	—	—	—	—	1	6	1	3	—	3	1	4	2

The state of the Tuberculosis Register which is revised at intervals of 6 months (approx.) was at the end of 1949 as shown in Table VI.

It will be seen by comparing Table VI to Table V that of the 25 pulmonary tuberculosis cases notified during the year only 9 were brought under in-patient treatment during the year.

TABLE VI.

	Pulmonary	Non-Pulmonary
No. on Tuberculosis Register 1/1/49	77	15
New additions during 1949 (Including Transfers) ..	30	12
Removals or Deaths during 1949	24	3
Remaining on Register 1/1/1950	83	24
Cases receiving In-patient treatment during 1949	22	4
Notified 1949	9	2
Others	13	2

Infectious Disease Hospital Accommodation.

The Canterbury Isolation Hospital closed down during 1949 and the nearest Infectious Disease accommodation is at Haine Isolation Hospital near Ramsgate. After renovation of the Nurses Home the hospital is likely to open as a Tuberculosis Unit.

Laboratory Services.

1. For Pathological Work—Kent & Canterbury Hospital Laboratory.
2. For Public Health Laboratory Work—(Milk, Ice-Cream and Water) Public Health Laboratory, County Hall, Maidstone.
3. For Analytical examinations and other Public Health examinations—Canterbury Public Analyst.

Nursing Homes.

One Nursing Home of 9 beds gave up at the end of 1949 leaving the City with only 2 Nursing Homes of which one is a single bed Maternity Home and the other has 8 beds of which 6 may be used for maternity cases and the others for general medical cases.

LOCAL HEALTH SERVICES.

There follows a report on the Local Health Services provided under Part III of the National Health Services Acts.

Health Centres.

There is no progress to report on the scheme for a Health Centre in Canterbury. The views of the Dental Practitioners expressed through the Kent & Canterbury Executive Council were received at the close of the year making it clear that they did not support the inclusion of General Dental Service arrangements within such a Health Centre.

Care of Mothers and Young Children.

During 1949 we have seen die out the use or abuse of the clinic as a substitute for the family doctor and have seen a satisfactory development in the status of the General Medical Practitioner as the family doctor. This has set the Local health authority staff the task of reaffirming the need for infant and toddler clinics and Ante-natal Clinics, and of stressing to mothers the preventative, advisory and educational value, and to the young mother the social value, of these centres. It has given the local health authority staff a clearer view of their own task and of the directions in which future development should move. We must seek, for instance, improvement in the dental supervision of the 3-5 year old, development of the practice of routine medical examination of the toddler and pre-school child, the teaching of infant care to mothers during the ante-natal period, and the encouragement of instruction in mothercraft and infant care to girls in their last year at school. Following this principle further we might encourage instruction to boys and girls during their final school year on the important matter of family budgeting and household expenditure, if the educational

maelstrom of examinations will allow such forethought to adult status. It could at least be given in the modern schools where the final year is more normal.

It is possible to report that the scheme to open a third welfare centre following the appointment of a third health visitor has been carried out and that in December, 1949, we opened an Infant and Toddlers' Welfare Centre in the Welfare Hut, Military Road, at which we are also running our Ante-Natal Clinic for expectant mothers amongst the military families.

During 1949 the Extension Maternity Unit at the Kent & Canterbury Hospital was opened, bringing the Maternity Accommodation up to 28 beds.

Ante-Natal Care.

Ante-natal Clinics are held at the Central Welfare Clinic, Stour Street, and at the Welfare Hut, Military Road, the latter for expectant mothers in the barrack family quarters who are likely to be delivered in Shorncliffe Military Families Hospital. An ante-natal clinic on alternate weeks for civilian mothers from the Sturry Road end of the town was tried at the Welfare Hut, Military Road, but the response was so poor that it has been discontinued for the present. When the Infant and Toddlers' Welfare Clinic has become more firmly established at the Welfare Hut it may be worth while to restart the civilian ante-natal session.

Complicated cases are referred to the specialists at the Kent and Canterbury Hospital. Where an obstetric medical practitioner has been booked the expectant mother is referred to that doctor instead of to the specialist.

Where admission to hospital for delivery has been arranged the choice of routine ante-natal supervision at the hospital Ante-Natal Clinic, or at the town clinic up to the 36th week and thereafter at the hospital clinic, is decided by the specialist at the Hospital on the reason for admission of the case. Joint Ante-Natal supervision with some of the obstetric medical practitioners is developing, and district midwives are centreing their routine ante-natal supervision on the clinics. This all allows the health authority to forward its health education amongst the expectant mothers and is in every way to be encouraged.

Post-Natal Care.

The Health Visitors give special attention to whether mothers have had a post-natal examination, encouraging attendance for this, either at the hospital, the obstetric medical practitioner's surgery, or at the Central Ante-Natal Clinic according to the case.

The following figures for Ante- and Post-Natal work are presented:—

Ante-Natal Sessions held at Central Clinic	...	...	77
Mothers in attendance on 1.1.1949	...	...	59
First attendances during 1949	...	...	245
Mothers still in attendance at end of 1949	...	...	93
Total attendances	...	...	1004
Blood Examinations carried out	...	...	180
Cases referred to Dental Officer	...	...	20
No. of Mothers who attended for Post-Natal examinations	...	...	34
No figures are presented for Northgate Clinic as this Ante-Natal Clinic only opened at the end of December, 1949.	...	...	..

Breast Feeding.

Breast feeding and test feeding sessions are held in the Central Clinic at the Health Department in the forenoons at 9.45 a.m. to assist mothers to maintain or to establish natural baby feeding.

No. of Mothers attending for first test feed	...	...	158
No. of subsequent attendances	...	...	131

Premature Infants.

The birth notification card is the source of information on such cases, and special attention is given to the follow-through from mid-wife or hospital case to health visitor supervision. Special equipment is available to assist the home care of the premature baby if this is considered adequate.

The Kent and Canterbury Hospital is close at hand and is ready to assist safe removal to hospital by providing a special warmed cot with oxygen supply. There is an adequate ambulance service to expedite such removal to hospital.

Total No. of births notified or recorded as premature	...	...	...	...	...	36
during 1949	...	...	...	...	...	4
No. delivered at home	...	...	...	...	...	32
No. delivered in Hospital	...	...	...	...	...	0
No. delivered in nursing homes	...	...	...	...	...	16

Infant Deaths.

Six of the Infant Deaths during the year were of an infective nature, three occurring in the infant's own home and three after admission to hospital. All other deaths occurred in hospital or nursing home.

TABLE VII.
Causes and ages of Infant Deaths.

Causes of Infant Deaths.	Under 24 hours	24 hours to 1 month	1-12 months
Prematurity present	Sole cause .. ..	.. 1	1 ..
	Primary Atelectasis ..	..	..
	Subarachnoid Hæmorrhage	..	1 ..
	Bilateral Lobar Pneumonia	..	.. 1
Congenital Abnormalities	Of Gut .. ..	..	1 ..
	Of Meninges (With Br. Pneumonia) ..	..	1 ..
Birth Injuries	1	..	..
Respiratory Infections .. .. ..	..	1	2
Gastro Enteritis .. .. .. ..	..	..	1
Meningococcal Septicæmia .. ..	..	..	1
Cerebral (pontine) Hæmorrhage ..	..	..	1
TOTALS	2	5	6

One must accept that some of these deaths were preventable, and that the infant death rate can be brought lower still.

Unmarried Mothers.

The Health Committee continued to help where needed with the welfare of the unmarried mother and 5 cases were admitted to a hostel for pre- and post-natal care.

Infant and Toddler Welfare.

Following out the scheme of development of the Council's clinic services for mothers and children, the Northgate Infant and Toddler Welfare Clinic was opened at the end of December in the Welfare Hut, Military Road, where an Infant and Toddler Welfare Session is held on Friday afternoons.

Clinic Sessions to cover the needs of the town are now held as follows:

(a) Infant and Toddler Welfare :

Central Clinic: Poor Priests' Hospital, Stour Street.

Monday, Thursday and Friday—2.30 p.m.
(Medical Officer attends on Thursdays).

Wincheap: Wincheap Infants School, Hollow Lane.

Monday—2.0 p.m. (Medical Officer attends).

Northgate: Welfare Hut, Military Road, adjoining the Garrison Theatre.

Friday—2.0 p.m. (Medical Officer attends).

(b) Ante-Natal Clinic (including Post-Natal Care):
 Central Clinic: Poor Priests' Hospital, Stour Street.
 Wednesday: 10—12 a.m.; 2—4 p.m.
 Northgate: Welfare Hut, Military Road.
 Alternate Mondays—2 p.m. (Military Families).

(c) Protection Clinic: Central Clinic, Poor Priests' Hospital, Stour Street. (Diphtheria Immunisation, Smallpox Vaccination, and on Request Whooping Cough Innoculations).
 Tuesday—2.15 p.m.

(d) Breast Feeding: See page 8.11

Table VIII shows the numbers attending the Infant/Child Welfare clinics:

TABLE VIII.

Infant Centre	Child Centre	Welfare Centre		Central Clinic	Wincheap Clinic	TOTAL
Children on Clinic Register 31.12.48 ..	Under 1 1-5 yrs.	213 381		53 55	266 436	
First attendance during 1948	Under 1 1-5 yrs.	234 96		65 49	299 145	
Total No. of children remaining on Register on 31.12.1949	Under 1 1-5 yrs.	187 304		56 125	243 429	
Total No. of Attend- ances made by Chil- dren during 1949 ..	Under 1 1-5 yrs.	2,277 553		1,018 414	3,295 967	
Doctor's consultations	Under 1 1-5 yrs.	291 276		77 55	368 331	

Monday and Friday: Special weighing attendances—4,745.
 Central Clinic.

Dental Care.

While priority dental care is provided through our Dental Centre, no compulsion is exercised on expectant or nursing mothers necessarily to obtain it our way. The need for such treatment, for mother or child requiring it, is stressed, and offered through the Dental Centre, and a check is made to ensure that the treatment has been obtained. Dr. Fildor, School Dental Officer, remarks on the good dental condition of mothers now coming under her care as expectant mothers, whose parents saw to it that as children they had the benefit of dental care within the School Dental Service. During a period of the year the Dental Service was unavoidably curtailed.

The Dental Officer reports :—

(a) Numbers provided with dental care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	23	17	9	9
Children under Five ..	24	24	12	12

(b) Forms of dental treatment provided :

	Extractions	Anesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	1	—	1	7	5	—	2	1	1	—
Children Under Five	4	—	4	—	9	—	1	—	—	—

Arrangements for X-Rays and Prosthetic work are satisfactory. X-Ray Examination is obtained through the Kent and Canterbury Hospital.

Midwifery Service.

The number of Midwives notifying their intention to practice were as follows :—

Local Health Authority—4 (all trained in Gas and Air Analgesia).

Private (including Nursing Homes)—11 (including 4 Maternity Nurses).

Kent and Canterbury Hospital—9 (8 trained in Gas and Air Analgesia).

The provision of 4 domiciliary midwives is at present sufficient to cover the needs of the City. One of the midwives was approved by the Central Midwives Board to receive a pupil midwife on district from the Part II Midwifery training school now started at the Kent & Canterbury Hospital. One Domiciliary Midwife attended a refresher course during the year.

Confinements taking place within Canterbury during 1949 were					
Confined at Home—Private	...	...	...	...	5
L.H.A. Midwife	...	...	...	171	
L.H.A. Midwife with Doctor	...	...	50		
			Total	...	226
Confinements elsewhere—Nursing Home	...	...	80		
K. & C. Hospital	...	...	408		
			Total	...	488
		Total Births in Canterbury	...	714	
Canterbury Births to Canterbury Mothers	...	...	442		
L.H.A. Midwives Cases	...	...	221		
Medical Aid Sought	...	...	28		
Gas & Air Administered	...	...	182		
Cases of Puerperal Pyrexia	...	...	5		
Cases of Ophthalmia Neonatorum	...	...	0		

The cases in which the Domiciliary Midwife acted as Maternity Nurse to the doctor rose to a percentage of 22.6 per cent. against 15.8 per cent. in 1948. The cases in which Medical Aid had to be sought outside the obstetric medical service fell to a percentage of 16 per cent. against the 24 per cent. of 1948. Both figures support the observation that a good working relationship is developing under the National Health Service between the obstetric medical practitioner and the domiciliary midwife.

The 5 cases of puerperal pyrexia occurred as follows:—

- (a) in home confinements 2 (See Page 4).
- (b) in Hospital practice 3
- (c) in Nursing Homes Nil

Health Visiting.

The Health Visitors staff was further increased in 1949 by the inclusion of Miss Ottoway as an additional Health Visitor. Miss Ottoway had for many years served ably and well as Nursing Sister to the Military Families in the Barrack Quarters, running a separate welfare service for mothers and babies within that closed community, which as we now know has so many difficult little social problems unlike those in the town community. We were fortunate that in taking over the care of the Military Families from S.S.A.F.A. we were also able to incorporate in our staff this knowledgeable Health Visitor with her understanding of the Military families problem. As a natural development Miss Ottoway has taken over the Health Visiting in the Northgate and Sturry Road area along with the barrack quarters, and runs the new Northgate Infant Welfare and Ante-Natal Clinic.

The Tuberculosis Health Visiting is still done by the County T.B. Health Visitor for the surrounding area who gives part of her time to the City. The School Nursing staff is still quite separate from the

Health Visitor staff, but it will be a reasonable development if within the next few years some integration of these duties takes place and the possibility of integrating the T.B. health visiting is also considered.

Home Visiting by Health Visitors:—

Visits to Infants and Children—

Under 1 year	First Visits	429
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Other Visits	1397
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1—5 years	Total Visits	2302
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Visits to Expectant Mothers—

First Visits	198
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Other Visits	68
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Total	...	4394
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Visits by T.B. Health Visitor—

No. of Home Visits	332
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No. of Chest Dispensary Sessions:

A.P. Clinics	73
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Other Clinics	54
---------------	----

Special Reports to Care Committee	...	42
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Child Life Protection.

The Senior Health Visitor made 38 Child Life Protection visits on behalf of the Children's Department during 1949.

Visits to Old Persons. The Health Visitors made 32 such visits during 1949.

Infectious Disease Visits amounted to 59.

Home Nursing.

The Canterbury District Nursing Association continues to run the Home Nursing Service as agents of the City Council who meets the expenditure not met by C.D.N.A. funds. The work done in 1949 by the District Nurses is baldly expressed by the figures below. The comfort and joy which they bring into harassed households cannot be truly expressed on paper, but only by the welcome which they always receive.

			1949	1948
New Cases seen—Medical	...	...	356	
Surgical	...	...	98	
Total	...	454		377
Visits paid—Total	...	...	8688	7383

At the end of the year the C.D.N.A. had decided to increase the staff of 2 Queen's Institute District Nurses by a third nurse.

One cannot forbear to mention, while writing this annual report, the loss that the Canterbury District Nursing Association has suffered by the sudden death of the Secretary, Miss Stead. It was her sincere perseverance in the running of the District Nursing Office, during the months prior to the fulfilment of the National Health Service, when

the future was an enigma, that made it possible for the service to run on smoothly without a hitch. Her strength was the wide and long experience of social work which she brought to the post.

Vaccination and Immunisation.

This service was fully discussed in the annual report of 1948. It is enough to say that our policy of putting as much stress on the value of the family doctor as of our own clinics in furthering this preventive service, is bringing results. The level of vaccinations in young babies has shown no decline despite the removal of the statutory obligations. Our fears, that the delay on the part of the Central Authority to reach agreement with the medical profession on the fee to be paid for the record of vaccination and immunisation might jeopardise the service, were unfounded—to the credit of the family doctors—and a study of the records received showed no decline in the provision of vaccination and immunisation during the period of delay.

Figures for 1949: (including such work done within the School Health Service).

TABLE IX.

			Under 1	1—4	to 15	Over 15	Total
Vaccination Against Smallpox	Primary Vaccination	Clinic	105	8	14	9	136
		Family Dr.	138	3	—	18	159
	Revaccination	Total	243	11	14	27	295
		Clinic	—	—	—	11	11
		Family Dr.	—	—	—	7	7
		Total	—	—	—	18	18
Diphtheria Immunisation	Primary Immunisation	Clinic	100	149	63	1	313
		Family Dr.	43	60	3	—	106
	Booster Dose	Total	143	209	66	1	419
		Clinic	—	4	399	—	403
		Family Dr.	—	2	7	—	9
		Total	—	6	406	—	412
Whooping Cough	No. of Cases Inoculated		91	179	10	—	280
	No. of Cases of Whooping Cough Notified		1	41	—	—	42
	No. known to have had Inoculations		—	2	—	—	2
			0 — 4	5 — 14	—	0 — 14	
Child Population Mid-1949			2290	3900	—	6190	
Cauterbury Births — 1948			—	—	—	485	
Cauterbury Births — 1949			—	—	—	458	

The figures for diphtheria immunisation do not compare well with 1948 and confirm the impression that in the absence of diphtheria (due to the immunisation campaign), parents, and fathers are not guiltless, become careless, and put off having their children immunised—the very thing which will encourage the rapid spread of diphtheria if it occurs in the community. It may be too late to think of immunisation when diphtheria arrives, for immunity takes some weeks to develop. But, for a child who has previously been immunised, a waning immunity can be renewed by a booster dose, which will at once raise the strength of the child's own protective powers within the tissues, and so provide an armour against local dangers.

Ambulance Service.

The Canterbury Ambulance Service provided jointly by the City and Kent County, and run by the City, serves in and around Canterbury and Bridge-Blean Rural District. It is co-ordinated with surrounding district services directly under Kent County, in supporting or seeking support from those other ambulance depots. It is a 24-hour service manned by 20 driver/attendants, 16 male; 4 female; a head driver and a clerk. There are 4 ambulances, 2 sitting-case cars, and a vehicle in reserve for emergency. Two ambulances are provided by the City and the vehicle in reserve is a local arrangement. The service is all-purpose including smallpox and typhus for East Kent.

The service is supplemented by the Hospital Car Service.

The cost of the Ambulance Service apart from provision of vehicles is shared 4/11th City and 7/11th Kent County.

The cost of the Hospital Car Service is met by the appropriate authority for each journey.

The figures for 1949 are:—

Ambulance Work: Combined Area—Mileage	...	83,788
	Patients Carried	9,827
Hospital Car Service: Canterbury—Mileage	...	11,647
only.	Patients Carried	157

Because of Canterbury's position as a local hospital and specialist centre the cost of many long journeys done by the Hospital Car Service had to be met by the City, especially cases of Hospital discharge. The 1949 National Health Service Amendment Act has corrected this anomaly.

There are included in the report numerical tables showing the Spread of Ambulance Calls over the 24 hours, Table X; the Totals and Types of patients carried by the Ambulance Service for each month of the year, Table XI; and the total mileage and patients carried for Canterbury by the Hospital Car Service, Table XII.

A diagrammatic representation of the Spread of Ambulance Calls over the 24 hours is also included.

These tables show that out-patient transport features very largely in the work of the Ambulance Service, but that some reduction has occurred since October, 1949, when a stricter application of standards

AMBULANCE SERVICE

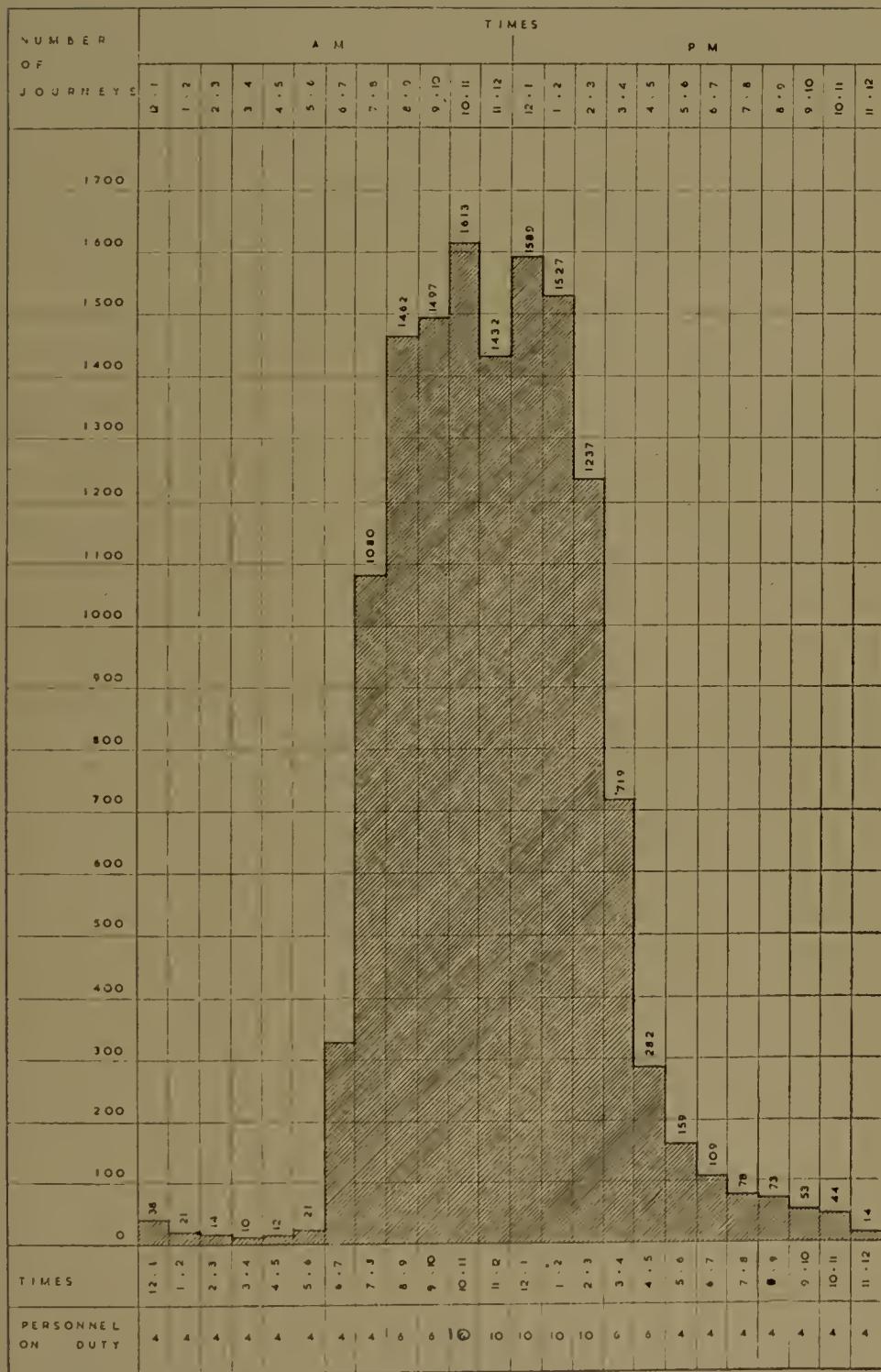


DIAGRAM SHOWING THE LOAD OF JOURNEYS ACCORDING TO THE STARTING TIME FOR THE YEAR 1949

for the need for transport were applied. Accidents, admissions and transfers remains fairly constant.

The reader may be surprised to see how early in the day the demand for ambulance service rises. These early calls include an appreciable proportion of accidents, and it may be that going sleepily to work is more dangerous than coming home tired.

TABLE X.

Showing the distribution of Ambulance calls during the 24 hours.

A.M.

Periods	12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	Total
1st Quarter	11	6	2	—	2	3	72	265	390	355	440	401	1947
2nd Quarter	9	6	4	7	3	11	110	357	372	377	419	383	2058
3rd Quarter	10	6	7	—	6	5	109	267	415	414	384	362	1985
4th Quarter	8	3	1	3	1	2	42	191	285	351	370	286	1543
Total Calls Hourly	38	21	14	10	12	21	333	1080	1462	1497	1613	1432	7533

P.M.

Periods	12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	Total
1st Quarter	442	382	378	219	89	35	26	16	14	10	12	1	1624
2nd Quarter	383	397	329	174	57	34	24	22	20	9	11	4	1464
3rd Quarter	399	431	209	144	74	38	27	24	13	16	9	4	1388
4th Quarter	365	317	321	182	62	52	32	16	26	18	12	5	1408
Total Calls Hourly	1589	1527	1237	719	282	159	109	78	73	53	44	14	5884

TABLE XI

Showing Totals and Types of Patients carried by the Ambulance Service.

	Jan	Feb	Mar	Apl	May	June	Jly	Aug	Sep	Oct	Nv	Dec	Total
Total Patients Carried	1150	1154	1307	1112	1256	1153	1148	1169	1227	1135	942	872	13635
Outpatients Only	868	915	1037	895	1000	868	868	896	946	812	670	595	10370
Admissions, Transfers and Accidents, etc.	282	239	270	217	256	285	280	273	281	323	272	277	3255

TABLE XII.

Showing total mileage and patients carried by the Hospital Car Service (Canterbury only).

	Jan.	Feb.	Mar.	Apr.	May	June	Jly.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Patients Carried	9	13	16	6	11	14	16	18	11	21	11	10	157
Mileage	754	1369	1155	410	1097	926	1159	1175	622	1389	1024	666	11646

Prevention of Illness, Care and After Care.

The Care Committee had 5 meetings in 1949. Assistance and advice was given to 27 cases and 57 cases were provided with ancillary nourishment.

Issue of Nursing Requisites on loan amounted to 45 articles.

The Tuberculosis Sanatoria and Infectious Diseases Hospitals send information to me on cases admitted or discharged, and the Kent and Canterbury Hospital supplies certain information on children treated, on which follow-up visiting by the Health Visitors or School Nurses may be carried out.

There is direct liaison between the Nunnery Fields Hospital and the Health Visitors on chronic sick patients awaiting admission or discharge.

A Mass Radiography survey was carried out in the City at the end of 1949, on employees of industrial and commercial establishments. Included in the same survey were school leavers from St. Augustine Division which includes schools outside the City in Whitstable U.D., Herne Bay U.D., and Bridge-Blean R.D.

1,844 adults of all ages were examined. 3 per cent. were recalled for full sized X-ray photographs and 0.7 per cent. for a further clinical examination. 18 persons were found to have inactive tuberculosis and 4 persons to have active disease of whom 3 were infective. Other cases with previously unrecognised conditions other than tuberculosis were found and advised.

1,668 School leavers were examined in 12 of whom further investigation was carried out. 5 showed conditions of the boney framework, 3 showed conditions of the lungs other than tuberculosis, 3 showed inactive tuberculosis and 1 case of active symptomless disease was found. One child failed to co-operate in the further investigation but has probably done so now.

The survey was, therefore, worthwhile. It brought to light 5 cases of Active tuberculosis which might have continued to the stage of gross disease, and might have infected others. In addition 21 persons were made aware of a past lesion now healed, thus influencing their mode of life to prevent further breakdown.

The Voluntary Organisations which work in the City in the field of Care and After Care include the Alford Aid Society, St. John Ambulance Brigade, British Red Cross Society and others, of which the first is

predominant and most active. The Alford Aid Society is of Canterbury and for Canterbury and deserves Canterbury's support. The Council makes a grant towards the cost of its after-care work.

Domestic Help Service.

During the year a Domestic Help Supervisor and Organiser was appointed. This is a part-time appointment which has more than justified itself. Mrs. Barton's control and management of the Home Helps and her investigation of each case's needs has made this a very much better service. Experience has proved that in this Health Authority the service runs best with a very small nucleus of full-time Home Helps and a large reserve of part-time Home Helps.

At the end of 1949 there were 2 full-timers and 16 part-timers. During the year the following cases were served:

Full-time—	Sickness or Old Age	...	7
	Maternity	...	32
Part-time—	Sickness or Old Age	...	63
	Maternity	...	20
	Cost Incurred	...	£1,436/11/11
	Cost Recovered	...	£ 289/ 7/11

Mental Health Service.

The Mental Health Services Sub-Committee meets prior to each meeting of the Health Committee and comprises 3 members of the Health Committee and 2 Co-opted members.

Two part-time Duly Authorised Officers carry out the usual duties, one being also the Petitioning Officer.

There is an arrangement with Kent County Council for the part-time services of their local Mental Health Visitor.

Aftercare of Mental Illness is carried out by the Psychiatric Social Worker of St. Augustine's Hospital, and the Health Department helps where it can.

The Occupation Centre continues to fill a great need, and Miss Ford and her assistant, Mrs. Acott, do a good job in poor premises. It is with regret that I have to report that the proposal to transfer the Centre to St. Mildred's Church School had to be dropped as uneconomic. Structural difficulties arose which put probable costs so high that it was thought better to consider an ad hoc building as a future scheme. Nevertheless, if some improvement in the Centre can be effected by moving to better temporary premises this should be considered as an interim measure.

The Occupation Centre teaches hand work, such as rug-making, raffia work, sewing, stool making, general social training and behaviour, and outdoor activities. Mid-day meals are provided by an arrangement with the School Meals Service and milk is also taken. Guides convoy the children to and from the Centre.

The Centre capacity on staffing is 30 places. The following cases were in attendance at the end of 1949:—

	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Canterbury . . .	3	1	4	..	8
Kent County Council	7	3	1	1	12
Total . .	10	4	5	1	20

Action on Cases.

(A) Lunacy and Mental Treatment Acts.

During the year Duly Authorised Officers investigated 32 cases of mental illness.

23 cases were certified and admitted to St. Augustine's Hospital under Section 16 of the Lunacy Act, 1890, and one case was admitted as a "Three Day Order" under Section 20 of the same Act. 22 other patients were admitted as voluntary patients and 1 as a Temporary Patient. The 8 remaining cases investigated by Duly Authorised Officers were dealt with as follows:

- 1 Admitted to Nunnery Fields Hospital.
- 1 Admitted to the Polish Neurosis Centre, Southborough.
- 2 Medical attendant consultations but no statutory action taken.
- 3 Statutory action not thought necessary.
- 1 Justice refused to make "Order."

(B) Mental Deficiency Acts.

A.

Cases under Guardianship (under order) . . . .	...	...	4
Cases under Statutory Supervision (excluding cases on licence) . . . .	...	...	16
Cases under Friendly Supervision . . . .	...	...	12
Cases awaiting admission to institutions . . . .	...	...	2

B.

Cases in attendance at the Occupation Centre (Canterbury cases only) . . . .	...	...	9
C. .			

Cases admitted to institutions during year . . . .	...	...	7
Cases reported by the Local Education Authority (Section 57 Education Act, 1944) . . . .	...	...	3

Total cases ascertained during the year as "subject to be dealt with" . . . .	...	...	10
Other cases reported, not "subject to be dealt with" but in which Statutory action may be necessary later . . . .	...	...	1

D.

Cases "subject to be dealt with" placed under Statutory Supervision . . . .	...	...	2
Cases not "subject to be dealt with" placed under Friendly Supervision . . . .	...	...	1
Cases removed from supervision . . . .	...	...	4
Deaths of Mental Defectives under supervision . . . .	...	—

(C) Ambulance Journeys.	Conveyance of cases to hospital and use by Duly Authorised Officers	33
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Health Education.

Work continued throughout 1949 on the lines of the descriptions given in my previous Annual Report. A loose leaf book containing information on the Local Health Services was issued to doctors, schools, hospitals and societies.

The Medical Officer of Health gave talks on 12 occasions to various community groups.

The Central Council for Health Education provided a display stand on permanent loan, and this has been of good service with its displays changing every 2 months.

Section 47. National Assistance Act, 1948.

As the year closed action was being taken to seek an order for the removal to hospital of one of the cases described in the 1948 Report. The Magistrates subsequently issued the order and the woman was admitted to a chronic sick unit where she is now very happy. No renewal of the order has proved necessary.

REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1949

Public Health Department,
Stour Street,
Canterbury.

*To His Worship the Mayor, Aldermen and Councillors of the City and
County Borough of Canterbury.*

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the report on the sanitary inspection services carried out during 1949.

Although new legislation increased our work in amount, in character it was less eventful than usual. There is evidence, however, that the public is turning to the Public Health Department for help in a greater variety of problems than hitherto. As you are aware, our duties are of a diverse nature, and despite the fact that there are some which are not mentioned in polite conversation, these occupy only a small part of our time, and it appears that at last people are beginning to realise this. It is very pleasing to be able to observe the better appreciation in newspaper articles and spoken comment of the difficulties that face sanitary inspectors in their efforts to provide the best hygienic production and distribution of meat, food and drink. My colleagues and I are alive to our responsibilities in this direction and no efforts will be spared in the coming year.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee for the sympathetic consideration they have given to the suggestions put before them and my thanks are due to the Medical Officer of Health, my colleagues Mr. A. R. Clark and Mr. R. G. Goodbody, and the staff of the Department for their help and co-operation during the year.

I am,

Your obedient servant,

T. L. MARTIN,

Senior Sanitary Inspector.

Return of Sanitary Work for the year 1949.

No. of complaints received and investigated 740

Inspections.

Houses inspected under Housing Act, etc.	...	...	...	81
Visits to drainage systems	...	...	...	824
Drains tested	...	...	...	237
Infectious diseases	...	...	...	69
Tuberculosis cases	...	...	...	4
Keeping of animals	...	...	...	17
Cowsheds	...	...	...	65
Fish Fryers	...	...	...	36
Ice Cream Premises	...	...	...	242
Bakehouses	...	...	...	124
Food Shops	...	...	...	357
Sampling under Food and Drugs Act	...	...	...	207
Food examined and surrendered	...	...	...	312
Marine stores, etc.	...	...	...	2
Milk Shops and Dairies	...	...	...	213
Premises, as to provision of refuse receptacles	...	...	...	140
Premises, with reference to rat infestation	...	...	...	86
Repairs to property	...	...	...	1944
Restaurants	...	...	...	174
Slaughterhouses	...	...	...	49
Shops Act	...	...	...	16
Factories and Workshops	...	...	...	96
Accumulation of rubbish	...	...	...	17
Smoke observation	...	...	...	25
Overcrowding	...	...	...	8
Applications for Council Houses	...	...	...	246
Verminous rooms	...	...	...	64
River Pollution	...	...	...	6
Fertilisers and Feeding Stuffs	...	...	...	27
Water Samples	...	...	...	17
Meat Inspection	...	...	...	23
Schools	...	...	...	5
Licensed Premises	...	...	...	49
Miscellaneous	...	...	...	769
Total				7191

Improvements.

Houses at which drains were repaired	...	...	...	...	64
Houses at which drains were renewed entirely	...	...	...	...	26
Choked drains cleared	...	...	...	...	61
Intercepting traps fixed	...	...	...	...	10
Gully traps fixed	...	...	...	...	42
Inspection chambers, built, new covers provided and rendered	...	...	...	...	55
Fresh air inlet valves fixed	...	...	...	...	12
Soil and vent pipes fixed or repaired	...	...	...	...	25
W.C. pans fixed	...	...	...	...	78
Additional W.C.'s built	...	...	...	...	8
W.C. compartments ventilated	...	...	...	...	3
New flushing cisterns provided	...	...	...	...	16
Flushing cisterns repaired	...	...	...	...	35
Sinks renewed	...	...	...	...	17
Sink waste pipes renewed or trapped	...	...	...	...	30
Eaves gutters and fall pipes repaired or renewed	...	...	...	...	50
Roofs repaired	...	...	...	...	112
Stoves repaired or renewed	...	...	...	...	41
Water supply pipes repaired or renewed	...	...	...	...	7
Rooms cleansed and/or disinfected	...	...	...	...	6
Sash cords renewed	...	...	...	...	71
Window frames repaired	...	...	...	...	90
Wall and ceiling plaster repaired	...	...	...	...	144
Rooms re-decorated	...	...	...	...	82
Dampness in wall remedied	...	...	...	...	79
Yard paving renewed	...	...	...	...	27
Wash coppers repaired or renewed	...	...	...	...	9
Doors repaired	...	...	...	...	45
Floors repaired	...	...	...	...	61
Staircase repaired	...	...	...	...	14
Sub-floor ventilation provided	...	...	...	...	3
Accumulations removed	...	...	...	...	6
Sanitary bins provided	...	...	...	...	29
Improvements in food premises	...	...	...	...	76
Improvements in factories	...	...	...	...	13
Chimney stacks repaired	...	...	...	...	17
W.C.'s repaired or rebuilt	...	...	...	...	12
New Branch drains laid	...	...	...	...	31
Water supply extended and run indoors	...	...	...	...	1
New W.C. seats	...	...	...	...	1
Cracked Brickwork rebuilt	...	...	...	...	6
External rendering carried out	...	...	...	...	3
Urinal provided	...	...	...	...	1
Miscellaneous	...	...	...	...	114
Total	...	...	...	...	1631

Housing Acts.

Number of New Houses erected during 1949:—

(1) Permanent new houses erected by the Council	...	112
(2) War-damaged houses re-built by Ministry of Works Mobile Labour Force	...	19
(3) War-damaged houses re-built by private enterprise	...	11
(4) New houses erected by private enterprise	...	21
		—
		163
Houses demolished	...	14
		—
Net increase in number of houses	...	149
		—

Notwithstanding the continued excellent progress in the provision of new houses the demand to be re-housed appears to be as keen as ever. The new houses with their modern kitchen appliances have helped to increase the dissatisfaction of the tenants of old houses in the City. That fact coupled with the increase in wages of the manual workers has quite naturally created a demand for something better in the way of a house. The old house at 6, 7 and 8 shillings a week inclusive rental is not good enough and the owner with the high cost of building labour and material is reluctant to spend money on repairs, especially when the future life of the property is uncertain. In fact, the ownership of poor class properties has become such a liability that, in contrast to the pre-war years when landlords fought to retain their houses when slum clearance was contemplated, they are now asking for their houses to be condemned.

The policy adopted is, unless the house is so bad that its existence cannot be tolerated any longer, to ask for the bare minimum of repairs, because it is realised that as soon as a separate house has been provided for each family, slum clearance and re-housing should proceed with all possible speed.

There is no evidence of widespread overcrowding according to the Housing Act standard, but many of the young married couples sharing houses with relatives are very near to being overcrowded. Some of the evidence of persons sharing houses suggests that the discord and mental strain in these cases might be more detrimental to health than cases of actual overcrowding in normal families living in houses with rooms well above the 110 sq. ft. standard.

Ten derelict and ruinous houses, legacy of previous action under the Housing Act, were pulled down during the year. Efforts will be made to clear away the remaining houses of this type because apart from their unsightliness they are detrimental to health in that they are dumps for rubbish and likely to attract vermin.

1. Inspection of Dwelling-houses during the year :	
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	231
(b) Number of Inspections made for the purpose ...	1941
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	
(b) Number of Inspections made for the purpose ...	37
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	37
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	1
	230
2. Remedy of Defects during year Without Service of Formal Notices :	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authorities or their officers	248
3. Action Under Statutory Powers during the year :	
A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	2
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By Owners	1
(b) By Local Authority in default of Owners ...	1
B.—Proceedings under Public Health Acts:—	
(1) Number of dwelling-houses in respect of which statutory notices were served requiring defects to be remedied	26
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By Owners	21
(b) By Local Authority in default of Owners ...	—
C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936:—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	—
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	14
D.—Proceedings under Section 12 of the Housing Act, 1936:—	
(1) Number of separate tenments or underground rooms in respect of which Closing Orders were made ...	1

In one instance a summons was issued under Section 94 of the Public Health Act, 1936. The work required was then done and the summons was withdrawn on payment of costs to the Council.

Water Supply.

The Canterbury Gas and Water Co. own the water undertaking and maintain a very satisfactory supply as regards quantity and quality, supplying all except 6 houses in the City.

The supply is collected from deep wells in the chalk and is partially lime softened by the Company. A minimal dose of chlorine is given more to keep the apparatus in first class working condition for an emergency than because the supply normally requires it.

Eighteen samples of water from houses in various parts of the area were submitted for bacteriological examination and in every case the Pathologist reported the water to be good and B.Coli (presumptive) were absent in 100 ccs. in 17 of the samples. In the remaining sample collected from a house connected to a new main B. Coli (presumptive) were present in 70 ccs. but absent in 60 ccs. and further tests revealed the organisms to be not typical B. Coli. Subsequent samples from the same source showed an improvement and eventually the results were in keeping with the rest of the town.

There is no plumbo solvent action and the water is free from contamination.

There was a temporary rise in the hardness of the water at one period during the year due to difficulties in disposing of the chalk extracted. As markets improved for this commodity, softening was carried out as before and the problem which arose at a bottle washing plant owing to the alteration in the composition of the water, was at an end.

It is pleasing to be able to record that unlike many districts in the country, there was no restriction of water supply in spite of the severe drought, and further the water maintained throughout the year its excellent bacteriological quality.

Of the 6 houses without a piped supply from the town's mains:

1 house uses roof water and carries water from a nearby public supply.

5 houses have well water and samples have shown the water to be free from faecal contamination.

The City Analyst reporting on 13 samples of water sent to him for chemical analysis states that the supply is, as usual, very pure

organically. The following is a typical copy of the Analyst's report:—

Appearance	Clear
Smell	Normal
Chlorine in Chlorides	1.54
Phosphoric Acid in Phosphates	None
Nitrogen in Nitrates	0.38
Ammonia	0.0008
Albuminoid Ammonia	0.0017
Oxygen absorbed in 15 minutes	Trace only
Oxygen absorbed in 4 hours	0.018
Hardness before boiling (Total)	11.5
Hardness after boiling (Permanent)	3.0
Total Solid Matter	17.64

Microscopical Examination of Deposit

Slight chalk only

(The numerical results are expressed in grains per gallon).

Remarks.—The above results are satisfactory throughout and indicate water organically pure and free from sewage percolation.

Inspection of Food.

Home killed meat is brought from an abattoir in Woolwich to a depot in the City for distribution in Canterbury and the adjoining areas hitherto served by the Canterbury slaughterhouses up to their closure in September, 1947.

The Council are still in negotiation with the Ministry of Food for the erection of a modern abattoir in the City and it is regretted that nothing tangible has yet resulted, as there can be no doubt of Canterbury's value as a distributing centre and its ideal situation in the centre of the agricultural area of East Kent.

The transport of home killed meat showed some improvement in 1949 and the vans now have removeable slatted boards on the floors of the vans. This of course will cut down the risk of contamination from the boots of the employees but no matter how frequently the boards are scrubbed, so long as the carcasses are dragged about the floor of the van in an unwrapped state, a serious risk of contamination exists. The difficulty of attempting to suspend heavy quarters of beef from hooks inside the van so as to keep the meat off the floor is fully understood. At the same time however, the working of the Clean Food Bylaws in food shops appears to savour of the quixotic, if there is a definite risk of contamination of meat before it arrives in the shop for distribution. Until a different type of van from that in use is available, is it not pertinent to ask if the meat could not be wrapped in some way?

357 visits were paid to meat shops and food preparing premises and in addition to minor improvements in many of the premises at the instigation of the inspectors, one sausage manufacturing establish-

ment was completely modernized and re-equipped in accordance with the best arrangements of the trade.

9,573 lbs. of food comprising:—

Meat	...	...	...	2,627½ lbs.
Fish	...	...	...	1,730 lbs.
Other foodsteugs (mainly tinned food)	...			5,215 lbs.

were found to be unfit for human consumption.

Knackers Yards.

There are two Knackers Yards carrying on business in a small way. Inspections have shown the premises to be kept in a satisfactory condition and the businesses conducted in a clean manner.

Bakehouses.

The number of bakehouses in the City at the end of the year was 29. Six notices were served requiring repairs and 9 bakehouses were modernised as a result of action by the Sanitary Inspector. Several of the older bakehouses require modernizing and some of these with coal fired ovens have caused complaints of smoke nuisance. In these cases the occupiers blame the quality of coal supplied but the only satisfactory remedy would appear to be the provision of a new oven heated by some means other than coal.

Fish Frying Premises.

There are 8 fish fryers in the City. Inspections made during the year showed the businesses to be satisfactorily conducted. One shop was modernized and minor defects discovered were readily attended to.

Suggestions to be borne in mind for these premises include the conversion from solid firing which is objectionable in that the fires are fed from the interior of the shop and there also may be a smoke nuisance unless the firing is carried out in a careful manner.

Restaurants.

174 visits were paid to restaurant kitchens and in practically every case the standard was of a high order. Extensive improvements were carried out in 8 kitchens and several other occupiers have mentioned that they are anxious to modernize their kitchens as soon as possible. Every opportunity has been taken to stress the importance of the clean handling of food by persons engaged in its preparation or distribution and special attention is being given to the provision of washing facilities for the staffs.

The supply problem although becoming easier is blamed for the continued use of chipped and cracked crockery, but at the same time hygiene could be improved by more use of the final hot rinse in washing up to eliminate the old-fashioned tea cloth.

Food and Drugs Sampling.

As in previous years Mr. E. S. Hawkins, O.B.E., B.Sc., A.R.C.S., F.R.I.C., continued to act as Public Analyst and the close proximity of

his Laboratory to the Department definitely enables personal contact to be made within a few minutes and cuts out the delay which would follow between sampling and the receipt of the samples by the Analyst if the Laboratory was some miles distant from the City.

The following 141 articles of food were submitted for chemical analysis:—

Article		No. of samples		Number genuine	Samples adversely reported upon
		Formal	Informal		
*Milk	...	...	37	—	36 395
*Channel Island Milk	...	3	—	—	3
*Sausages	...	...	16	1	15 347, 350
*Ice Cream	...	...	—	17	17
*Cream Ice	...	...	1	—	— 452
*Cake	...	...	—	10	10
*Ice Lollies	...	...	—	6	6
*Brawn	...	...	4	—	4 333
*Sweets	...	...	—	4	4
*Mineral Waters	...	...	—	3	3
*Mince Meat	...	...	3	—	3
*Crystallised fruit	...	...	3	—	2 460
*Jam	...	...	2	—	2
*Coffee essence	...	...	—	2	2
Cheese	...	...	—	2	2
Tinned Milk	...	...	—	2	2
*Butter	...	...	—	2	2
*Ginger	...	...	2	—	2

and one each of the following which were all genuine:—

*salad cream, iodine paint, *cordial, Shredded suet, *dried onions, *frofrute, *meat tenderiser, *jardox, liquorice, flour, canned grapes, *minced beef, pears, pork, *table jelly, *tomato puree, *gravy powder, pepper, ground almonds, *gelatine and *horsdoevres.

Remarks.

Sample No. 395—

Milk from single herd 4.5 per cent. deficient in fat. Uneven hours of milking responsible—afternoon's milk high in fat content.

Sample Nod. 347—

Pork sausages containing 45 per cent. meat. Vendor cautioned.

Sample Nod. 350—

Pork sausage meat containing 43 per cent. meat. Vendor cautioned.

Sample Nod. 452—

"Cream ice" containing 7.1 per cent. fat—considerably less than much of the ice cream at present on the market. Letters to firm who amended labels.

Sample Nod. 333—

Brawn evolving hydrogen sulphide. Vendor cautioned, remainder of stock destroyed.

Sample Nod. 460—

Crystallised fruit containing 850 parts per million of sulphur dioxide (legal limit 100). Vendor prosecuted. Case dismissed. Material withdrawn from sale.

An unusual occurrence was the cheese brought to the Department on account of an unusual flavour. The remainder of the cheese in the shop was examined, but nothing of an unusual nature could be detected. It was then discovered the shop-keeper had recently received a consignment of wrapping paper and this was examined and submitted for analysis. The Analyst reported "This wrapping paper has a very unpleasant odour due to the size used thereon. Such wrapping paper is quite unsuitable for the wrapping of food which is not in sealed containers." The matter was taken up with the firm supplying the wrapping paper.

The average composition of 37 samples of milk (excepting Channel Islands milk) was 3.56 per cent. fat and 8.68 per cent. solids not fat which is above the prescribed standard of 3 per cent. and 8.5 per cent. Once again the solids-not-fat show a slight fall and the steady reduction has brought the figure from 8.86 per cent. in 1946 to 8.68 per cent. in 1949. If the reduction continues the average will soon be near to minimum standard of 8.5 per cent., but perhaps this problem which is not confined to Canterbury will be solved by the Ministry of Agriculture experts. This small but continued reduction in the solids-not-fat is of importance because it means, in simple language the milk has a slightly less nourishing value, as the proteins, milk sugar and mineral salts are present in slightly smaller quantities than hitherto.

Public Health (Preservatives in Food) Regulations.

The samples of food marked * in the preceding table were also examined under the above Regulations. The one contravention detected in Crystallised Fruit has already been commented upon.

Milk.

Production.

There are seven cowkeepers with a total of 170 cows in the City and two of the producers hold licences from the City Council to produce Accredited milk. Eight samples of Accredited milk and twenty-seven of ordinary milk were obtained for keeping quality tests and three samples in each class failed to satisfy the test during the summer months.

Thirty-four samples of milk (17 ordinary, 8 Accredited, 6 pasteurised and 3 tuberculin tested) were obtained for biological tests and the County Pathologist reported all the samples with the exception of one Accredited milk to be free from tubercle bacilli. This defective sample came from a producer-retailer and a cow suffering from a tuberculous udder was removed from the herd and slaughtered. Until the results of the follow up sample became available 6 weeks later, the milk from the other cows was pasteurised before delivery.

Distribution.

There are 12 milk retailers in the City. Two firms with holder type pasteurising plants are licensed by the City Council to pasteurise milk. A third firm which had a flash pasteurising plant for most of the year and latterly a holder type plant, is licensed by the Ministry of Food to produce heat treated milk. During the year 181 samples of pasteurised and heat treated milk were sent to the City Analyst for examination.

	Passed		Failed	
	Phosphatase test	Methylene blue test	Phosphatase test	Methylene blue test
Pasteurised Milk	68	50	4	1
Heat treated Milk	27	23	7	1

(The phosphatase test is to determine effective pasteurisation and the methylene blue test is to check keeping quality).

Warnings were given by the City Council when samples failed the tests, and the attention of the Ministry of Food as licensing authority was called immediately to failures in the heat treated milk.

The heat treatment dairy moved into entirely new premises during the year and a new holder type plant was installed. A new pasteurising plant was provided at another dairy and two dairies had the latest type bottle washing plants installed.

Of the milk delivered in the City, it is estimated that approximately 90 per cent. comes from tuberculin tested herds or has been submitted to a pasteurising process.

Of the five samples of tuberculin tested milk, two failed the test for keeping quality. Further sampling revealed the Tuberculin Tested milk on arrival at the retailers premises to be defective in keeping quality and this matter was taken up with the authority concerned.

The objectionable method of delivering milk by hand can is still carried on to a very minor extent by some of the small retailers. It is regretted that the Milk and Dairies Regulations 1949 did not prohibit this practice altogether instead of apparently prohibiting the transfer of milk from a churn to a hand can during delivery to the consumer. Strong efforts will be made during the forthcoming year to secure the distribution of all milk to private households in containers filled and sealed in the dairy, and the public can help in this direction by insisting that their milk be delivered in sealed containers instead of by the hand can method, which exposes the milk to contamination every time the lid is removed from the can.

Milk in Schools Scheme.

All the milk sent to schools has been pasteurised or heat treated and 62 samples were obtained with the following results.

	Passed		Failed	
	Phosphatase Test.	Methylene blue test.	Phosphatase Test.	Methylene blue test.
Pasteurised milk	...	20	14	1
Heat treated milk	...	12	9	4

The School Medical Officer withdrew his approval as satisfactory to one supply of School Milk, but was able to renew such approval after the supply regained a satisfactory standard.

Milk (Special Designations) Orders, 1936 to 1946

The following licences were granted by the City Council under the above Orders:—

To produce Accredited milk	...	...	2
To pasteurise milk	...	...	2
To bottle Tuberculin Tested milk	...	...	3
Supplementary licence to retail Tuberculin Tested (Certified) milk	...	...	1

Ice Cream.

There are seven premises registered for the manufacture and sale of ice cream and 56 for the sale of ice cream. Of the 56, 40 sell nothing but the pre-packed variety. Only six of the manufacturers have carried on business during the year and eighty-two samples were submitted to the methylene blue test in 1949. The test is not yet a statutory test, and it is perhaps rather exacting, but as in previous years I am still of the opinion that over a period it confirms one's assessment of cleanliness by inspection. Because of the small number of samples tested it is not safe to generalize, but there are indications that there is a worsening of the grades when hot weather occurs. To offset this it may perhaps be possible to modify the test eventually, so that the manufacturer who is most anxious to maintain a high standard article feels that such a standard is attainable at all times providing every care is taken.

The eighty-two samples were classified as follows:—

	For comparison		
	1948	1947	
Grade 1—29 samples	24 5
Grade 2—23 samples	12 12
Grade 3—19 samples	7 10
Grade 4—11 samples	12 9

The analysis of the results of the 82 samples shows the Canterbury made product to be superior in cleanliness to that made outside and brought into the City for sale:—

	Made in Canterbury.	Made elsewhere.
Grade 1	..	22 7
Grade 2	...	18 5
Grade 3	...	13 6
Grade 4	...	5 6

Samples were also sent for chemical analysis and the fat content ranged between 2.1 per cent. and 11.5 per cent. and the solids not fat between 18.7 per cent. and 28.4 per cent., the average being 5.8 per cent. and 22.3 per cent.

The local manufacturers now have vehicles which are enclosed on three sides and the roof, for the service of ice cream from bulk and this must prevent much of the contamination which occurred to the ice cream retailed from the old-fashioned vehicles. It is felt that the real solution to the problem however is for only pre-packed ice cream to be sold in public thoroughfares and it is gratifying to be able to record that the City Council, in making contracts for the sale of ice cream on the car parks in the town, insist upon the pre-packed article.

Outdoor Food Handlers.

In the early part of the year the Council put into effect a scheme whereby outdoor food handlers could have a free wash in the City's public conveniences on production of a card issued by the Department.

It is admitted there are not as many conveniences equipped with wash basins as one would like to see, and this may have accounted for the very poor response. At the same time it is felt that the press advertising; the issue of specially printed metal plaques by Government sponsored organizations urging food handlers to wash their hands; the issue of similarly worded stick-on labels by the Department and talks to management and staff stressing the real need for carrying out this measure of hygiene to prevent food poisoning, should have brought home to food handlers their responsibility in this matter.

Factories Act, 1937.

1.—INSPECTIONS.

Premises	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	45	—	13	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	101	—	23	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	1	—	—	—
TOTAL	147	—	36	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	8	8	—	—	—
Overcrowding	—	—	—	—	—
Inadequate temperature . . .	—	—	—	—	—
Inadequate ventilation . . .	2	2	—	—	—
Effective drainage of floors .	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient	11	11	—	1	—
(b) Unsuitable or defective .	12	12	—	1	—
(c) Not separate for sexes .	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) . . .	3	3	—	—	—
TOTAL	36	36	—	2	—

The Sanitary Inspector is also responsible for Section 34 of the Factories Act which deals with certificates issued by the Council concerning means of escape in case of fire. During 1949 alterations to the means of escape were carried out in 9 factories and the occupiers were subsequently issued with certificates stating the factories have adequate means of escape in case of fire. Up to date 21 certificates have been issued.

Rodent Control.

Two part-time rodent operators are employed by the Council and the methods used are those recommended by the Infestation Branch of the Ministry of Agriculture.

It is most important that tenants should call attention to the presence of vermin as soon as they are noticed so that measures can be taken before the vermin have an opportunity to get established.

Complaints were received from 203 persons, 135 were in respect of infestations in private houses and 68 were from occupiers of business premises. The investigation of these complaints revealed 63 adjoining premises to be infested.

Maintenance treatments of the sewers were carried out in March and September. Emphasis was made on areas previously infested and 132 manholes in other parts of the City were baited. Altogether only 16 manholes appeared to be infested mainly in a small degree.

The operators, who also assist with other public health work,

were kept fully occupied and the following is a summary of the rodent work carried out:—

Visits to houses	...	...	928
Visits to other premises	...	...	408
Estimated number of rats killed			1,015
No. of premises cleared:—			

Rats.

Houses	...	...	108
Business premises	...	...	39

Mice.

Houses	...	...	45
Business premises	...	...	10

The rat population is being kept at a low level, but there is no room for complacency and nothing short of more frequent visits to the places likely to attract rats and the continued co-operation of the occupiers both as regards reporting the presence of rats and providing as little harbourage as possible, will reduce the rat population still lower.

River Pollution.

As in previous years observations were kept on the portion of the River Stour in the City boundary and no trouble was experienced from the effluent of a certain works which in 1948 accidentally caused much less of fish on one occasion.

Even when the level of the water was very low during the summer months nothing objectionable was noticed.

The coming into being of the Rivers Boards marks a new chapter in dealing with river pollution and probably indicates the setting up of new staffs to deal with this work, which has been carried out by local authorities since 1876. It is admitted that in special areas the work may with advantage be carried out by Rivers Boards, but in many areas, particularly in less densely populated districts, the public health staff on the spot can deal with this work. This would specially apply if the law dealing with pollution is strengthened as is recommended for the new Rivers Boards by the River Pollution Prevention Sub-Committee appointed by the Ministry of Health.

Fertilisers and Feeding Stuffs Act, 1926.

The following 5 formal samples were purchased for analysis by Mr. E. M. Hawkins, the Public Analyst and Official Agricultural Chemist, who reported the samples to be satisfactory.

3 samples muriate of potash.

2 samples nitro chalk.

In addition 11 official samples of shoddy were obtained at the request of purchasers and submitted for analysis.

Dustbins.

After the setbacks experienced in previous years in attempting to provide dustbins it is gratifying to be able to report that the Council have decided to take action under Section 75 (3) of the Public Health Act, 1936, to provide and maintain dustbins in lieu of requiring the owners or occupiers of buildings to provide them.

An annual charge of 5/- will be made and it is intended to have two sizes of dustbins so as to minimize the complaints of elderly persons living alone that the carrying of a large size dustbin to the footpath to await collection is almost beyond their physical powers.

When the new scheme commences in January, 1950, every effort will be made to clear away the very unsightly and insanitary refuse receptacles. The rows of offensive receptacles left on the footpaths for hours must have been most objectionable to the residents and many of the visitors to the City must have left Canterbury impressed by the charm of the old buildings, but appalled by the decrepit dustbins and makeshift storage arrangements.

Disinfection.

Ninety-eight rooms and sets of bedding were fumigated after infectious disease or on the request of the occupiers after the occurrence of cancer, etc., and two sets of bedding were destroyed upon request.

Formalin preparations are used in the work of disinfection and the Department has the use of the steam disinfecter at the Municipal Hospital when required.

Verminous Houses.

Number found to be verminous and disinfected by the Public Health Department staff :—

Council houses	...	...	...	33
Other houses	...	...	...	25

Various proprietary preparations, mainly D.D.T., and Gammaxane, are used and the results have shown these preparations to be effective in controlling the insect pests found in properties.

The scheme put into operation in 1948 to prevent the spread of vermin in Council properties was continued and :—

- a. The furniture and effects of every prospective tenant is inspected before the keys for the house are handed out, and
- b. before occupation commences every Council house, old or new, is treated with a proprietary preparation in order to kill any vermin missed in the survey.

196 houses of prospective tenants have been inspected. Four verminous houses were discovered and in these cases the contents of the houses were fumigated by the Department before tenants were allowed to move into the new houses.

I should like to acknowledge the assistance of colleagues in other districts who have very kindly assisted by carrying out inspections before tenants moved into Canterbury.

Precautionary spraying was done in 156 houses and it is interesting to record that the substances were effective against flies, because several tenants stated they could not understand why dead flies were constantly being found on the floors.

It is also pleasing to record that the inspection and steps being taken to prevent the spread of vermin is appreciated, especially by tenants who take a pride in keeping their houses clean.

SCHOOL HEALTH SERVICE

School Medical Officer's Report for 1949.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present a report on the work of the School Health Service during 1949. The increase in the number of Routine Medical Inspections is due to our bringing forward the Routine Medical Examination year to fit in with the School year. There will also be noticed an increase in the number of Eyesight checks carried out.

School Health Services have been criticised in the past for being too ready to seek removal of tonsils and adenoids, mostly without justification. It refutes such a criticism to point out that while 354 defects of nose or throat were identified in the 1,750 medical inspections, 270 were kept under observation and only 84 were referred to the Ear, Nose and Throat Specialist, in only 11 of which no active treatment was considered necessary.

While there has been a reduction in the number of attendances at the Minor Ailment Clinics, the number of cases dealt with has remained about the same. The School Dental service was curtailed for part of the year through the illness of our Dental Officer.

It is pleasing to report that more children had their diphtheria immunisation reinforced, and that the standard of nutrition and general condition has been maintained at the high level reached despite the war years and post-war difficulties.

I am indebted to the Director of Education and to the Head Teachers for their help, and to my own medical, dental and nursing staff for their good service, and especially to the Education Welfare Sub-Committee for their cordial understanding and confidence.

The Report of the Medical Director of the Child Guidance Clinic with an appendix on the work of the Educational Psychologist in Schools is also presented and will be found very interesting reading.

Your obedient servant,

MALCOLM S. HARVEY,

School Medical Officer.

General Information.

Number of School Departments:

Primary	...	...	...	...	...	...	11
Secondary	...	...	...	...	...	...	5

Number of Scholars on Roll at end of 1949:

Primary	...	...	...	...	...	...	2826
Secondary	...	...	...	...	...	...	1763
							<hr/>
							4589

Medical Inspections.

Routine Medical Inspections of pupils were carried out at the three age stages, at School Entry, before transfer to Secondary School, and prior to attaining School leaving age. Additional eyesight checks

were carried out at the age of 7 years and 11 years. Special medical inspections, on indication or application by the parents, were also carried out.

General Condition.

1,750 pupils went through Routine Medical Inspections or 38 per cent. of all pupils. Of the children examined 23.71 per cent. were Category A, 69.14 per cent. were Category B and 7.14 per cent. were Category C. Details are shown on page 46 in Table S.1.

Cleanliness.

The School Nurses made 9,682 examinations throughout the year. 77 children were found to show evidence of infestation of the head. 123 warning notices were sent to parents with advice on how to cleanse. One child was cleansed under the Education Authority arrangements under Section 54 of the Education Act, 1944. No legal proceedings were found necessary.

Defects of the Skin.

It is pleasing to note that the post-war reduction in Scabies has continued. Only one case of scabies was identified at Routine Medical Inspection, and was dealt with on the basis of the whole family. There is no information on cases treated by the family doctors and it is likely that a number of cases have been cleared up on home treatment through the General Medical Services. As this early treatment prevents spread of the disease it is all to the good. Table S.2 on page 47 gives information on the number of skin conditions recognised.

Defects of Vision.

The following defects of vision were identified at Routine or Special Inspections :—

Found at Routine Medical Inspection—

Number of children tested	...	...	...	...	...	1110
Number found to be suffering from Visual Defect	...	...	...	...	...	173
Number found to be suffering from Squint	...	...	...	...	...	23
Number found to be suffering from Other Defects	...	...	...	...	...	22

Found at Special Inspection—

Number of children found with Visual Defects	...	...	...	...	102
Number of children found with Squint	...	...	...	...	40
Number of children found with Other Defects	...	...	...	...	6

Visual Defects treated by Ophthalmic Surgeon (Vision, Squint, etc.)—

Total cases of Visual Defect treated or under observation	...	...	...	...	338
Spectacles prescribed or already wearing glasses	...	...	...	...	318
Operations for Squint	...	...	...	...	8
Children attending Orthoptic Clinic	...	...	...	...	18

Of the 318 children required to wear spectacles 85 were ordered new glasses during 1949, either for the first time or renewals.

A special Ophthalmic Clinic is run by the Education Authority in accommodation provided by the Hospital Management Committee. Please refer also to Table S.4 on page 48.

Defects of Nose and Throat.

In Medical Inspections 354 defects of this type were identified. 270 were kept under observation and 84 were referred to the Ear, Nose and Throat Specialist at the Kent and Canterbury Hospital. During the year 44 children were operated on, 26 had other forms of treatment, 4 cases are on the waiting list for operation (including one carried over from 1948) and in 11 cases no treatment was considered necessary. Table S.5 on Page 48.

Defects of Hearing and Ear Disease.

The following cases were found at Routine Medical Inspection or through Minor Ailment Clinics. 35 cases of hearing defect, 20 cases of Otitis Media and one of Acute Otitis Media and 37 other defects in this group.

Tuberculosis.

The Mass Radiography Unit carried out an X-ray survey of School leavers in schools in Canterbury and St. Augustine's Division. 1,668 pupils were examined, and 12 were submitted to further X-ray examination and where necessary to clinical examination. The following conditions were disclosed. Five showed abnormalities of the bony framework, 3 showed conditions of the lungs other than tuberculosis, 3 showed healed tuberculosis, and one case showed active symptomless tuberculosis. One child from outside Canterbury failed to co-operate in the further examination but has probably now done so. In Mass Radiography the parable of the lost sheep is applicable.

Minor Ailments.

There were 3,663 attendances at the Minor Ailments Clinic, excluding the 541 attendances for Diphtheria Immunisation or re-inforcement. This is a fall of 14 per cent. on the 1948 figure and supports the impression that many cases now receive treatment through the general medical service which previously would have been referred to the Minor Ailment Clinic. A reversal of the flow at the encouragement of the family doctor may well arise in the future.

Immunisation of School Children Against Diphtheria.

These figures are also included in Table IX on page 167 During 1949 there were 61 children immunised and 393 children received re-inforcing injections through arrangements within the School Health Service.

Number of sessions held	...	...	...	...	15
Number of attendances	...	...	...	...	541
Primary Immunisation:					
School Children	...	...	...	...	59
Pre-School Children	...	...	...	...	2
Re-inforcing injections given	...	...	...	...	393

Handicapped Pupils.

The following table shows the position of children on the Handicapped Pupils Register. Several other children are under supervision but have not been registered as requiring Special Schooling.

including 4 Rheumatism cases, 4 Physically Handicapped and 5 cases with a history of epilepsy.

	On Register		Newly Ascertained	Attending Special School	Newly Placed	Requiring Placement
	M.	F.				
Blind or Partially Sighted	2	1	—	—	—	1
Deaf	3	1	1	2	—	—
Delicate	1	—	—	—	—	1
Epileptic	2	—	—	—	1	1
Physically Handicapped ..	6	4	—	—	4	..
Maladjusted	6	—	—	—	3	1
Educationally Sub-normal	17	10	4	6	—	2

No children were notified to the Health Committee under Section 57 (3) of the Education Act, 1944, as ineducable but three children were referred under Section 57 (5) as backward who would probably require further action by the Health Committee.

Speech Therapy.

There were twelve children on the waiting list for, or receiving, Speech Therapy.

Educational Difficulties and Maladjustment.

The Medical Director of the Child Guidance Clinic reports on Page 50. This includes an appendix on work carried out in schools by the Educational Psychologist.

The Canterbury Clinic would be graded a Child Guidance Centre according to some authorities, in that all aspects of diagnosis, remedial teaching, or therapy are provided. The only thing lacking is a local arrangement for Hostel accommodation for observation. The Educational Psychologist is also doing preventive or remedial work in schools and runs classes for teachers on the teaching of backward children.

Dental Defects and their Treatment.

The School Dental Officer reports below. The work done in the year was reduced through the indisposition of the School Dental Officer who had to curtail her work on medical advice. Dr. Figdor continued to work when she might well have gone sick, and showed her enthusiasm for this service to the children.

66.6 per cent. of the children inspected required Dental treatment and 37.1 per cent. were treated at the School Dental Clinic. The aim is to encourage parents to avail themselves of the dental services provided to correct the dental defects found, without putting pressure on them to accept such treatment through the School Dental Service, although stressing the special experience of the School Dental Officer in child dentistry.

Table of Dental Inspection and Treatment.

Table 3. Dental Inspection and Treatment.						
(1) Number of children inspected by Dentist:—						
(a) Routine Age Group—Age	2	...	...	...	...	—
	3	...	...	...	...	2
	4	...	...	...	...	77
	5	...	...	...	...	296
	6	...	...	...	...	283
	7	...	...	...	...	239
	8	...	...	...	...	272
	9	...	...	...	...	318
	10	...	...	...	...	293
	11	...	...	...	...	223
	12	...	...	...	...	242
	13	...	...	...	...	270
	14	...	...	...	...	261
	15	...	...	...	...	70
	16	...	...	...	...	28
	17	...	...	...	...	9
						—
						2883
(b) Specials	...	...	...	...	...	206
						—
Total Routine and Specials	...	...	...	...	...	3189
						—
(2) Number requiring treatment	...	...	...	...	...	2126
(3) Number actually treated	...	...	...	...	...	789
(4) Attendances made by children	...	...	...	...	...	2280
(5) Half-days devoted to: Inspection	...	...	...	...	...	24
	Treatment	...	...	...	...	342
						—
	Total	...	...	...	...	366
(6) Fillings: Permanent Teeth	...	...	...	...	...	1735
	Temporary Teeth	...	...	...	...	5
						—
	Total	...	...	...	...	1740
(7) Extractions: Permanent Teeth	...	...	...	...	...	25
	Temporary Teeth	...	...	...	...	468
						—
	Total	...	...	...	...	493
(8) Administrations of:						
	General Anaesthetics for extractions	...	...	...	...	124
	Local Anaesthetics for extractions	...	...	...	...	250
						—
	Total	...	...	...	...	374

Orthodontic Treatment

Six children were provided with Orthodontic plates and one plate is on order.

Employment of Children and Young Persons.

44 children (compared to 34 in 1948) were examined for part-time employment. One case was not passed as fit for the employment mentioned in the application.

Provision of Milk and Meals.

At the end of 1949 there were 3,370 children having milk in school. During the year 2,718 scholars received canteen dinners and 464 received the dinners free of charge. These two sources of extra nourishment are of great value to the growing child so long as the parents ensure that an adequate breakfast and an adequate evening meal at which the child receives its ordinary rations of food, are provided. The school meals and milk must not be allowed to take the place of an adequate home diet.

Where there is a health reason for it, children receive Halibut Liver Oil with their School milk, and in certain cases may have a supplement of Vitamin C tablets for a time also. This therapy has been found beneficial to cases of poor resistance to infection, dermatoses and rachitic bone conditions.

In conjunction with the Senior Sanitary Inspector check samples of school milk are taken to ensure that a clean and safe milk supply goes to the school children. Where necessary approval to an unsatisfactory supply may be withdrawn.

Tabular Data concerning Medical Inspection and Treatment. General Details.

No. of inspections in the Prescribed Groups:			School Rolls (End of Winter Term 1949).		
Entrants	...	640			
Second Age Group	...	684	Primary	...	2826
Leavers	...	419	Secondary	...	1763
	Total	1743		Total	4589
Other Routine Inspections		7			
Grand Total	...	1750			
Others (Special and Re-inspections):—		855.			

TABLE S.1.

Condition of children on Routine Medical Inspection.

Age Group	No. Inspected	A Excellent		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants	640	135	21.09	446	69.68	59	9.21
Intermediates	684	163	23.83	475	69.44	46	6.72
Leavers	419	117	27.92	282	67.30	20	4.77
Others	7	—	—	7	100%	—	—
Total	1750	415	23.71	1210	69.14	125	7.14

TABLE S.2.

Defects found by Medical Inspection in the year
ending 31st December, 1949.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
(1)	(2)	(3)	(4)	(5)	
4	Skin	52	33	1	2
5	Eyes	40	133	15	87
	(a) Vision	7	16	5	35
	(b) Squint	17	5	1	5
	(c) Other	6	17	1	3
6	Ears	4	7	—	1
	(a) Hearing	8	11	1	—
	(b) Otitis Media	—	—	—	—
	(c) Other	50	233	34	37
7	Nose and Throat	3	8	3	4
8	Speech	3	—	—	—
9	Cervical Glands	3	105	—	7
10	Heart and Circulation	8	45	3	8
11	Lungs	17	80	3	11
12	Developmental—	—	—	—	—
	(a) Hernia	1	3	—	—
	(b) Other	—	6	—	—
13	Orthopaedic—	—	—	—	—
	(a) Posture	7	29	3	9
	(b) Flat foot	16	30	1	6
	(c) Other	26	49	2	12
14	Nervous System—	—	—	—	—
	(a) Epilepsy	1	6	—	6
	(b) Other	4	12	1	1
15	Psychological—	—	—	—	—
	(a) Development	1	6	—	1
	(b) Stability	2	6	1	1
16	Other	48	60	21	17
Total Number of Children Inspected		1,750			
Number of Children repre- sented in figures above		1,131		339	

NOTE: All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

TABLE S.3.

MINOR AILMENTS TREATED (excluding Uncleanliness shown in Table S.6.)

						No. of Defects Treated or under treatment during the year.
Skin—						
Ringworm—Scalp—						
(1) X-ray treatment	...	...	...	...	...	—
(ii) Other treatment	...	...	...	...	...	—
Ringworm—Body	...	...	...	...	...	9
Scabies	...	...	...	...	...	—
Impetigo	...	...	...	...	...	5
Other skin diseases	...	...	...	...	...	35
Eye Disease	...	...	...	...	...	46
	(External and other, but excluding errors refractions, squint and cases admitted to hospital).					
Ear Defects	...	...	...	...	...	34
	(Treatment for serious diseases of the ear is not recorded here).					
Miscellaneous	...	...	...	...	...	1103
						—
	Total					1233
(b) Total number of attendances at Authority's minor ailments clinics	...	...	...	...	...	3663

TABLE S.4.

TREATMENT OF DEFECTIVE VISION AND SQUINT

(Excluding Minor Eye Defects treated as Minor Ailments).

Errors of Refraction and Squint dealt with	...	...	338
Other Defects or Diseases of the Eye	...	...	28
No. of children for whom Spectacles were prescribed	...	...	85

TABLE S.5.

TREATMENT OF DEFECTS OF NOSE AND THROAT

Defects which received operative treatment (under Education Committee arrangement)	...	44
Defects which received other forms of treatment	...	26
	—	—
Total No. treated	...	70
	—	—

TABLE S.6.

SCHOOL NURSES' MINOR AILMENTS AND CLEANLINESS
INSPECTIONS.

(1) Average Number of visits per school made during 1949 by School Nurses	7
(2) Total No. of Examinations of children in schools by School Nurses	9682
(3) No. of Individual Children found unclean ...	77
(4) No. of Individual Children cleansed under Section 54 Education Act, 1944	1
(5) No. of cases in which legal proceedings were taken	—

CHILD GUIDANCE CLINIC

ANNUAL REPORT.

1949 was on the whole a satisfactory year, showing an increase in all aspects of the work. Some idea of the expansion can be obtained from the accompanying tables, which show the comparative figures for the past five years.

This increase was mainly due to additional staffing. Mr. C. A. Wollen was appointed as Psychiatric Social Worker in January, 1949, in addition to Miss Daunt, and Dr. J. A. Crawford was assigned as Psychiatric Fellow from April, 1949. Dr. Crawford as a Fellow in training soon became a most active and valuable member of the staff. In October, 1949, Miss Daunt resigned her appointment, to take up Mental After-care work in East Sussex, and the cessation of her 2½ years very valuable work was a real loss to the Clinic.

The total number of cases referred showed only a slight increase, but the proportion seen went up considerably, as revealed by the significantly lower waiting lists at the end of the year.

TABLE C.G.1.

SOURCE OF REFERRAL.

	1945		1946		1947		1948		1949	
	City	County	City	County	City	County	City	County	City	County
School Medical Officer	12	12	19	29	17	86	14	107	21	94
Private Doctors	12	6	3	4	4	17	7	10	10	27
Court or Probation Officer	—	17	1	20	3	20	1	11	4	13
Head Teachers or Education Officers	10	3	13	7	46	34	15	35	2	26
Parent or Foster Parent	3	3	6	14	1	17	2	4	4	8
Other Clinics or Psychiatrists	2	9	3	16	2	27	4	25	12	43
Miscellaneous Social Agencies, Infant Wel- fare, etc.	2	8	3	13	2	10	3	2	—	10
Educational Psychologist	—	—	—	—	—	—	12	—	14	1
	41	58	48	103	75	211	58	194	67	222
		99		151		280		252		289

TABLE C.G.2.

PROBLEMS REFERRED.

	1945		1946		1947		1948		1949		
	City	County	City	County	City	County	City	County	City	N.H.S.	County
Nervous Disorders, etc.	6	2	9	6	10	28	18	24	4	3	19
Habit Disorders	11	7	11	12	14	49	10	64	19	7	68
Behaviour Disorders	14	36	12	58	28	85	19	66	17	8	109
Educational	9	6	8	14	19	37	10	30	4	2	16
Court Cases	—	6	7	9	3	11	1	6	3	—	10
Miscellaneous	1	1	1	4	1	1	—	4	—	—	—
	41	58	48	103	75	211	58	194	47	20	222
	99		151		286		252		282		

TABLE C.G.3.

DISPOSAL OF NEW CASES SEEN.

	1945		1946		1947		1948		1949		
	City	County	City	County	City	County	City	County	City	N.H.S.	County
Diagnosis and Advice							13	41	16	5	41
Diagnosis and Placement							1	11	1	—	24
seen on for regular Treatment							14	36	13	6	67
seen on for Supervision							9	47	15	4	34
Medical Coaching							4	2	2	—	6
Partial Diagnosis							1	3	2	—	29
	41	58	48	103	44	168	42	140	49	15	201
	99		151		212		182		265		

TABLE C.G.4.

CASES CLOSED.

	1945		1946		1947		1948		1949	
I NON-TREATMENT	City	County	City	County	City	County	City & C'nty	City	County	
Diagnosis and Advice	5	7	9	49	20	60	92	28	73	
Diagnosis and Placement	—	—	—	—	—	—	—	—	22	
Withdrawn	—	—	1	3	—	—	24	11	41	
Moved Away	1	2	1	3	—	7	4	—	3	
Partial Service	—	—	—	—	—	—	—	—	6	
Placed	2	1	1	6	—	4	14	1	16	
Total I	8	10	12	61	20	71	134	40	161	
II TREATMENT										
Adjusted	2	2	8	6	5	14	15	10	16	
Improved	4	1	13	9	6	16	31	14	49	
No Change	—	1	4	3	2	10	10	3	11	
Un-co-operative	1	—	9	11	8	7	12	7	19	
Total II	7	4	34	29	21	47	68	34	95	
Total I and II	15	14	46	90	41	118	202	74	256	
Total for Year	29		136		159		202		330	

WAITING LISTS—December 31st, 1949.

		Canterbury	County
Diagnostic	...	8	36
Treatment	...	19	32

Group Therapy.

During 1949 a number of children attended for Group treatment, working in small groups up to five, under the supervision of Mr. Wollen. Mr. Wollen has had experience of this type of treatment while in America, and these Groups were started on a provisional basis early in 1949. They have proved very successful both in helping the individual child to overcome a particular fear, and in developing a social sense and improving social adjustment in children with such troubles as inability to mix, jealousy and aggressive or anti-social behaviour.

The fact that certain children can be treated in groups, means that more can be seen per session. This is one factor which has contributed to the large number of cases treated in 1949. By the end of 1949 nearly half Mr. Wollen's time was spent in therapy.

This development which enables us to deal with the rising pressure of treatment has accentuated the need for increased psychiatric social worker help. Inevitably an increase in cases under treatment produces a greater demand for psychiatric social work with the families of children attending. A third P.S.W. already sanctioned in principle, thus becomes an even more urgent necessity.

National Health Service Act, 1948.

The figures for 1949 in Tables 2 and 3 are shown in three columns, City, N.H.S., and County. This is because the passing of the National Health Service Act, 1948, now enables us to accept all types of case without payment from the parents. Children attending Maintained County schools are paid for by the County Authorities ; the City has always made itself responsible for any children within its boundaries. Previously the parents of children attending private schools anywhere in East Kent, or pre-school children in the care of private doctors were obliged to pay private fees. These children now come within the scope of the National Health Service. This arrangement is possible because the Psychiatrist has been transferred from the service of the Canterbury Education Committee to the Regional Hospital Board, and therefore functions as a National Health Service Officer. The internal work of the Clinic has not been affected, but the result is that we can more truly fulfil the purpose of the Child Guidance Clinic, which is to treat and advise any families and children who may need our help.

Children's Act, 1948.

A result of this new legislation has been that an increasing number of children are referred through the activities of the newly appointed Welfare Officers in the County Children's Department. The figures for these children in 1949 are included in "Source of Referral—Miscellaneous."

These deprived children form only a small proportion of our cases, but they are often difficult and complicated to deal with, and we are very much indebted to the Officers of the Department who co-operate so fully with the Clinic when a child is referred.

Child Guidance and the School Health Service.

The Child Guidance Service functions as one of the Specialist Clinics of the School Health Service, and the School Clinics are one of the main channels through which children come to the Clinic. Mind and body are closely linked, and a child under any strain or handicap, mental or physical, is soon brought to the notice of the School Doctor. It is often found that a relatively minor symptom may be the only indication of a severe state of tension or anxiety. Children generally cannot formulate in their own minds, much less express to others, the reasons for their distress, and are driven unawares to indirect and apparently irrelevant ways of indicating that all is not well with them. At first sight it seems unlikely that Joan's outrageous behaviour during school dinners is related to a state of inner frenzy because her parents are always at loggerheads and there is never any peace at home ; that Brian's frequent attacks of asthma have their origin in a too close and very uncomfortable relationship with his dominating and widowed neurotic mother, or that Connie's periodic truancy and petty pilfering are connected with deep anxiety about her parentage—she has heard rumours that she is "adopted" and dare not ask her parents, who ate

so kind and gentle, what this mysterious word means. Yet it is often "alarm signals" such as these that bring a case to the Child Guidance Clinic—via the School Doctor. The implications of the word "Health" range over an ever widening field, and it is through the School Medical Officers and their co-workers that many of our most serious, and worthwhile cases reach us.

Quite a large proportion of cases referred from the School Clinics are psychosomatic, i.e., those in which either the physical symptom or handicap is recognised as being largely psychological in origin, or else where some physical handicap produce a concomitant emotional effect on the child. For example, a child with an eye defect, or with a pronounced limp, is bound to feel inadequate, and his sense of inferiority may find indirect expression through various forms of undesirable behaviour.

Very backward children are usually dealt with by the School Medical Officer, and do not as a rule need our help. Sometimes, however, a backward child shows considerable emotional disturbance, or a child not innately backward may appear to be a borderline defective when really his intellectual capacities are blocked by severe anxiety or mental strain. (See Miss Horne's Report "Intelligence Test results of Junior Backward Class," Table P.5, is an example of this). With such intermediate types a test and diagnostic interview at the Child Guidance Clinic can often be of use in arriving at a truer assessment of a child's abilities and needs.

Another important, though less common difficulty where the School Health Service and the Child Guidance Clinic can often work in close co-operation, is that of speech disorders. Much of the speech therapist's work is very similar in scope and method to that carried out in a Child Guidance Clinic. Timid and nervous children are helped through support and re-assurance, specific exercises and group activities are used to overcome the actual handicap, while, with the hope of lessening emotional strain which may be the main causative factor, the social background and attitudes of the parents are carefully considered and the parents themselves helped to understand and deal with their children. Sometimes, however, the speech symptom is so clearly the result of psychological disturbance within the child or the family, that it is best to deal with the cause first. In such a case the child would be referred through to the Child Guidance Clinic and speech therapy in the usual sense of the word might be by-passed. On the other hand, many cases of speech disorders, even though there may be emotional aspects in the case, are much more simply and efficiently dealt with through the single service of the Speech Clinic.

Hostel.

A Residential Hostel for emotionally disturbed children is still one of our most urgent needs. This has been mentioned at some length in previous reports, and we are aware that much thought and discussion has centred round the subject, in Canterbury, Maidstone and the Regional Hospital Board.

We understand that so far no definite plan for a Hostel can be put forward, but we sincerely hope that in the not too distant future this much needed development will occur.

The Staff, as always, are very appreciative of the help and co-operation of the Welfare Sub-Committee and the Staff of the Health and Education Departments.

ELIZABETH WHATLEY,
Psychiatrist.

Appendix to Child Guidance Clinic Report

Educational Psychologist's Report for 1949, on work done in the Schools.

(Miss E. Horne, Dip. Psych., L.L.A.)

During the year 1949, 203 children were seen in the schools and given individual intelligence and scholastic attainment tests, and, when relevant, full diagnostic tests to determine the best means of helping the child with a school subject in which he was backward.

The tabulated results of intelligence tests given to the 203 cases is given below in Table P.1.

TABLE P.1.

I.Q.	60-69	70-79	80-89	90-99	100-109	110-119	120-129	130-139	140-149	150-159	over 150
Cases No. of	5	9	27	54	34	42	16	5	6	4	1 case of exceptionally high I.Q.

Regrouped according to the usual categories for educational classification the 203 cases fall as follows:

TABLE P.2.

I.Q's	Below 70	70-85	85-115	116-130	131-140	141-150	151 & Over
	Speciaal School Education	" Dull " and requiring speciaal educational treatment	"Average" Children suitably placed in the Mod. School	"Bright"	"Very Bright"	"Brilliant"	"Very gifted"
No. of Cases	5	23	129	32	4	6	4

It is interesting to note a more normal curve of distribution of intelligence than formerly, as there have been fewer cases of backwardness due to "dullness" presented; there is an upward trend of cases of higher intelligence, and one particularly interesting case of rare and extremely high I.Q.

A sampling of the intelligence range of children entering the City's Infant Schools, also shows a more normal curve of distribution, again with some loading in the higher levels of intelligence.

Results of individual tests of two complete Reception Classes in Infants' Schools are given below in Tables P.3 and P.4.

TABLE P.3.
Distribution of Intelligence in "A" Class of Infants—38 cases.

" Dull "			" Average "		" Bright "		" Very Bright "	
70-85			86-115		116-130		131-140	
Q. D-79	I.Q. 80-89	I.Q. 90-99	I.Q. 100-109	I.Q. 110-119	I.Q. 120-129	I.Q. 130-139	I.Q. 140-149	
1 case	4 cases	6 cases	8 cases	9 cases	7 cases	2 cases		1 case

TABLE P.4.
Distribution of Intelligence in "B" Class of Infants—26 cases.

" Dull "			" Average "		" Bright "		" Very Bright "	
70-85			86-115		116-130		131-140	
Q. D-79	I.Q. 80-89	I.Q. 90-99	I.Q. 100-109	I.Q. 110-119	I.Q. 120-129	I.Q. 130-139	I.Q. 140-149	
			.. cases	24 cases	2 cases	.. cases		.. cases
1 case	8 cases	7 cases		9 cases	1 case			.. cases

The results of individual testing of children in a Junior School working as a backward class and receiving "special educational treatment" of a remedial nature, are given below in Table P.5.

TABLE P.5.
Junior Backward Class—31 cases for Remedial Work.

I.Q's	Below 70	70-79	80-89	90-99	100-109	110-119	Over 120
No. of Cases	2	6	8	11	2	2	—

Re-classified, the groupings are as follows:—

TABLE P.6.

“Special School” Cases	“Dull” 70-85 I.Q.	“Average” 86-115 I.Q.	“Bright” 116-130
2 Cases	10 Cases	18 Cases	1 Case
(Needing long-term treatment and education on practical lines)		(Needing short-term coaching)	(Usually need short-term coaching in one subject)

From this it will be seen that backwardness of an educational nature in one or more subjects can occur in children of all levels of intelligence. While the method, approach, and length of time required for special treatment of the problem varies according to the child's level of intelligence, it is equally important in all cases of backwardness that some specialised form of remedial teaching should be given as early as possible, before discouragement and a sense of failure and lack of confidence can accentuate and increase the problem, making it an emotional one and often causing related behaviour disorders both at school and at home.

Unfortunately, one of the major difficulties in setting up remedial centres and specialised teaching for all backward children in the schools is the acute shortage of class-room accommodation and suitably trained teachers.

The opening and development of such a Remedial Centre at a Girls' School in March, 1949, to give specialised teaching to children backward in one or more school subjects, has been the main feature of the year's educational and psychological work in the schools.

The work has been jointly in the hands of the psychologist and a remedial teacher, specially appointed to help 50 girls with varied degrees of disability in reading, and, starting in the second term, 51 girls who were unable to do Number and Arithmetic. These children have been treated either individually or in small groups of from two to eight, to

allow for individual needs and difficulties, and to establish a sympathetic and friendly relationship and understanding between child and adult which it is difficult to obtain in a large class. The child can thus remain in her ordinary age-group or class, avoiding the segregation of a "backward class," while being given an hour's specialised teaching daily, or several times weekly, with the remedial group to which she is suited by age, intelligence, attainments, and interests.

Particular care is taken to instil hope and confidence and a more healthy attitude towards learning and school activities in the child, and to allay anxiety, sense of failure and disappointment to the parents, and even burning resentment arising from feelings of inferiority and frustration.

This is done both in the day-to-day personal contact with the child, and by the actual teaching methods used, based largely on "games" —adapted so that the natural and lively play-interests and instincts of the child are utilised to the full, increasing drive and initiative and the desire to do the job well for its own sake.

Special games, apparatus, and reading materials have been devised and made to suit individual needs and types of difficulty in both Reading and Number work, and in all cases a definite improvement was measurable by the end of the first two terms, both in attainment of skills and, more markedly, in the children's general attitudes to learning, and their social adjustment to discipline, to their class mates, and to school life in general.

TABLE P.7.

Showing progress of Remedial Teaching in Reading—4 cases.

I.Q.	R.A. on starting March, 1949	R.A. by end of 1949
79	..	5 years 6 months
71	5 years	6 years 4 months
95	4 years 5 months	6 years 3 months
98	4 years 6 months	6 years 3 months

Again, lack of space and suitable class-room facilities have been a draw-back.

In connection with the Remedial Centre it was possible during the Summer Term to extend hospitality to other teachers of backward children in various parts of East Kent, and discussions and talks on remedial teaching methods were held weekly at the school, and at the Child Guidance Clinic.

Fifteen cases were referred for treatment at the Child Guidance Clinic by the psychologist from the schools during 1949. The reasons for referral were as follows:—

- Anxiety symptoms in 8 cases.
- Enuresis in 2 cases.
- Pilfering in 3 cases.
- Difficult behaviour at home and in school—3 cases.
- Backwardness, though not innately dull—2 cases.
- Jealousy of younger brother—1 case.
- Night-terrors and demanding attention—1 case.
- Rude and defiant behaviour at school—2 cases.

All cases were first referred for a medical examination to identify any contributory medical defects or ailments.

COMMITTEE MEMBERSHIP.

Mayor :

COUNCILLOR S. H. JENNINGS.

Health Committee :

Chairman : Councillor W. H. CHESSELL.

City Council Members : Alderman MRS. E. M. HEWS, Councillor C. H. De LAUBENQUE, Councillor A. W. FOWLER, Councillor H. M. KENNY, Councillor MRS. M. A. RICKARDS.

Co-opted or Representative Members : MISS M. SHEEHAN, Matron, Kent and Canterbury Hospital; DR. F. L. CASSIDI, Local Medical Practitioner; DR. F. C. COZENS, Kent and Canterbury Executive Council; MR. E. J. MOUNT, Canterbury Group Hospital Management Committee.

Mental Health Services Sub-Committee :

Chairman : Councillor A. W. FOWLER.

City Council Members : Councillor C. H. De LAUBENQUE, Councillor H. M. KENNY.

Co-opted or Representative Members : DR. F. L. CASSIDI, MRS. M. A. SHARPE.

Care Committee :

Chairman : Councillor C. H. De LAUBENQUE.

Representatives of Health Committee : Alderman MRS. E. M. HEWS, Councillor A. W. FOWLER and MISS M. SHEEHAN.

Representatives of Voluntary Organisations : MISS M. CLEMENTS, Canterbury Alford Aid Society; MISS E. F. ALLARDYCE, St. John Ambulance Association; MRS. S. HAWKINS, St. John Ambulance Brigade; MRS. J. S. PECK, British Red Cross Society.

Sanitary and Licensing Committee :

Chairman : Alderman A. BAYNTON, O.B.E.

City Council Members : Alderman H. P. DAWTON, Alderman MRS. E. M. HEWS, Alderman H. G. JAMES, Alderman H. RIGDEN, Councillor W. S. BEAN, Councillor P. BOTTING, Councillor C. C. ELAM, Councillor A. W. FOWLER, Councillor T. R. REID, Councillor J. G. B. STONE, Councillor P. L. WOOD.

Education Committee :

Chairman : Alderman F. HOOKER.

City Council Members : Councillor P. BOTTING, Councillor C. H. De LAUBENQUE, Councillor C. C. ELAM, Councillor H. M. KENNY, Councillor T. McCALLUM, Councillor MRS. M. A. RICKARDS, Councillor W. THOMAS.

Co-opted or Representative Members : REV. A. M. RITCHIE, REV. S. G. APPLETON and MRS. D. REYNOLDS.

Other Staff of Health and School Health Services :

Deputy Medical Officer of Health and Assistant School Medical Officer (Part-time) : HILDA M. GARLICK, M.B., B.S., D.P.H.

Dental Surgeon : PAULINE FIGDOR, L.R.C.P., L.D.A.

Chest Physician and Adviser on After-Care of Tuberculosis : J. A. ROBSON, M.D., B.Chir., D.P.H.

Approved Officer under Regulations 53 (b) and (c) of the Handicapped Pupils and School Health Service Regulations, 1945 :

E. WHATLEY, B.Sc., M.B., B.S., M.R.C.S., L.R.C.P. (Maladjustment).

Health Visitors :

MISS G. E. MAGUIRE, S.R.N., S.C.M.

MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V.Cert.

MISS G. M. OTTOWAY, S.R.N., S.C.M.

Tuberculosis Health Visitor : (Part-time, Kent County Council Officer) :

MISS E. B. RIDLEY, S.R.N., S.C.M., H.V.Cert., T.B.Cert.

School Nurses :

MISS A. E. GLASSBOROW, S.R.N., S.C.M.

MISS P. TROY, S.R.N., S.C.M.

Midwives :

L. P. LYNES, S.C.M.

E. H. OWEN, S.C.M.

C. M. PIERCE, S.R.N., S.C.M.

E. L. TEMPLETON, S.C.M.

District Nurses : (Canterbury District Nursing Association) :

I. PHIPPS, S.R.N.

R. B. NICHOLS, S.R.N., S.C.M.

Occupation Centre :

MISS E. FORD (Supervisor).

MRS. E. ACOTT (Assistant).

Duly Authorised Officers and Petitioning Officer (Mental Health) :

F. FOWLER.

D. PLEDGE.

Mental Health Social Worker (Part-time) : Kent County Council Officer.

Supervisor of Home Help Service (Part-time) : MRS. J. M. BARTON.

Child Guidance Clinic :

Educational Psychologist : MISS E. HORNE, Dip. Psych., L.L.A.

Psychiatric Social Workers :

MISS C. DAUNT (to October 31st, 1949).

MR. C. WOLLEN, M.H.Cert.

Psycho-Therapist :

MISS S. HARNETT, Dip. Psych., Ass. of Brit. Psych. Soc.

Psychiatric Fellow : DR. J. A. CRAWFORD, M.B., B.Ch., D.P.M.

Staff of Public Health Service :

Additional Sanitary Inspectors :

A. R. CLARK, M.R.S.I., M.S.I.A., Meat Inspector's Certificate.

R. G. GOODBODY, M.R.S.I., M.S.I.A., Meat Inspector's Certificate.

Rodent Officer, Disinfecto and General Assistant :

A. TOMKINS and H. S. COWELL.

Administrative and Clerical Staff to above Services :

Administrative Assistant and Secretary to Care Committee :

D. PLEDGE.

Clerical Officer : MISS E. W. EDGINGTON.

Clerical Staff :

MRS. P. DUNLOP, MISS A. POOLE, MISS M. CRUMP.

MISS M. HUGHES (Public Health).

MISS P. BENNETT (School Health).

MISS M. HOPKINS and MISS R. DAY (Child Guidance Clinic).

Public Analyst :

E. S. HAWKINS, O.B.E., B.Sc., A.R.C.S., F.R.I.C., 19 Watling Street.

HISTORICAL NOTE.

The Health Department is housed in a building with a history which can well bear the telling in this pre-festival year.

Between 1212 and 1220 A.D. a certain Alexander of Gloucester purchased the western four of five tenements of land which lay on the south bank of the River Stour adjoining Lamb Lane (now misnamed Stour Street in that part) between the Common Washing place on the east and the waterlock on the west (where the dray horses from Beer Cart Lane were watered). On this site he built a Hospice, under the patronage of St. Augustine's Abbey, which was established in 1220 for the reception of Priests, and he became the first master.

From east to west the hospice comprised the Chapel of St. Mary, the entrance hall with dormer over and the offices and master's lodge behind, the refectory, and lastly the buttery separated from the refectory by a screen with a minstrels gallery above it.

The establishment was endowed in 1240 by Archdeacon Simon Langton out of moneys from the many benefactions of the pilgrims, and was founded as the Poor Priests' Hospital to be a place of shelter for poor priests disabled by age or infirmity. The foundation was later strengthened by the gifts of the Church of Stodmarsh (1243) and the Church of St. Margaret, Canterbury (1271).

The Franciscan Greyfriars when they arrived in Canterbury in 1224 after their doubtful reception on landing at Dover were given hospitality in the Priests' Hospice. Five out of the nine Greyfriars stayed on to establish a settlement in a parcel of land on the lesser island of Binnewith, adjoining the Hospice on the opposite bank of the Stour, the settlement soon outshining the humble Hospice.

The Poor Priests' Hospital continued in its 1220 form until rebuilt in stone by Thomas Wyke, the warden in 1373. A portion of brick and timber work in the back wall of what was the buttery is believed to be a portion of the original 1220 structure. The present day building is for the greater part the 1373 structure.

It seems that when Henry VIII ordered the surrender of St. Augustine's, on the suppression of the Monasteries in 1538, the Poor Priests' Hospital did not suffer the damage or neglect to which its parent Abbey was subjected, and in 1574 was still in a fit state to be granted by Queen Elizabeth to the Mayor and Commonalty of the City to be used as a lodging for Blue-coat boys and as a house of correction or Bridewell. The Blue-coat boys were cared for and educated by City Charity and attended on the Mayor in their blue-coats on civic occasions.

In 1728 part of the building became the workhouse for the maintenance and employment of the poor of the city. Between then and 1926 the building suffered the vagaries of a material age and the neglect of unrecognition, and prior to its conveyance back to the City Council from the Governors of the Simon Langton Schools into whose possession it had come, the buttery and refectory were in use as an organ factory, the entrance hall and dormer as a secondhand furniture shop, and the Chapel of St. Mary as a dwelling house.

At the present day the Buttery and Refectory are the headquarters of the Canterbury Corps of St. John Ambulance Brigade, and the Entrance Hall, Dormer and Chapel are the Central Welfare Clinic and Health Department Offices. The encumbrances which had been added to the building from 1728 onwards were partly removed after 1926 and finally removed by a bomb in 1942, to leave displayed the form of the original stone building of 1373.

